VIRGINIA UNION UNIVERSITY
SPONSORED RESEARCH and PROGRAMS
AUTHORIZATION TO PREPARE/SUBMIT A SPONSORED PROGRAM
GRANT APPLICATION
(A copy of the Request for Proposal must accompany this form)

Principal Investigator/Project Director: ______________________________________

Tel#: ________________________ E-mail#: ______________________

IRB Approval Needed: □ Yes □ No

Proposal Title: ______________________________________________________________

Submission Deadline: ________________________________________________________

Academic Division: ______________________ Bldg./Rm#: ______________________

Type of Application: □ New □ Competing Renewal □ Supplemental
☐ Non-Competing Continuation □ Revision □ Agency Long Program
☐ Other ______________________________________

Funding Agency/Org.: ________________________________________________________

Type of Agency/Org.: □ Federal □ State □ Foundation □ Corporation □ Other________

Check One: □ Research □ Demonstration □ Facilities Request □ Instructional Program
☐ Fellowship or Traineeship □ Service Program □ Equipment Request
☐ Other

Amount Requested: _____________ No. Yrs. Funding: ___ Funding Period: ____________

Indirect Cost Percentage Rate: ________________

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If required, have clearances been obtained for the use of the following?:

☐ Facilities (building, rooms, offices, etc.) □ Yes □ No
☐ Equipment (furnishing, machinery, etc) □ Yes □ No
☐ Services (health, food, housing, etc.) □ Yes □ No

Other

Describe the space needed to house the project (include labs, square footage, proposed location, etc.)____________________________________________________________

Will matching funds be required for the project? □ Yes □ No if “yes”, indicate below how this requirement will be met.

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________
Total matching funds required: ____________________________

Sources of Matching:
A. Institutional Resources (cash) $______________________
B. In-kind personnel services $______________________
C. In-kind support services (i.e., computer, time, phone, etc.) $______________________
D. In-kind supplies, equipment, furnishings $______________________
E. Other (i.e., office space, etc.) $______________________

Will student(s) be employed by the project? □Yes □No If “yes”, indicate how many ________

Will the project require new faculty or staff? □Yes □No If “yes”, please list positions to be filled.
Note: Consultants will be employed for duration of project.

Will other university employees be required to devote time to the project? □Yes □No
If yes, will the employee be reimbursed for employee time? □Yes □No

Project requirements (Check the appropriate box if the proposal requires any of the following):
A. □ Conference/Public Presentation
B. □ Human Subjects
C. □ Biohazards Review
D. □ Animal Welfare
E. □ Student Support
F. □ Faculty Release Time
G. □ None Apply

Brief Explanation for Above_______________________________________________________
___________________________________________________________________________

What commitments will be required beyond the date of project funding? □None □Absorption □ Other ________

CERTIFICATE FOR APPROVAL
By signature below the designated university representative have approved this authorization form.

PI/Project Director: _____________________________ Date: ___________
Division Dean or Chair: _____________________________ Date: ___________
Director of Sponsored Research/Programs: _____________________________ Date: ___________

Please return to the office below at least 10-30 business days before writing actual proposal:

Director of Sponsored Research and Programs
Baptist Memorial Bldg, First Floor
Office#: (804) 257-5807
Fax#: (804) 257-5779

Do Not Write Below This Line – For Office Use Only

Approved

Proposal Number: _____________________________

Disapproved – This proposal was not approved for the following reasons: