



**VIRGINIA UNION UNIVERSITY
TITLE III ADMINISTRATION/SPONSORED PROGRAMS/RESEARCH
AUTHORIZATION TO PREPARE 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: _____

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

- | | | |
|---|------------------------------|-----------------------------|
| ➤ Facilities (building, rooms, offices, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Equipment (furnishing, machinery, etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Services (health, food, housing, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 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: _____

VP for Division: _____ Date: _____

VP for Financial Affairs _____ Date: _____

Director of Sponsored Programs _____ Date: _____

Please return to the office below at least 10 business days before submitting to actual proposal:

Director of Sponsored Programs/Research
 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: