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: __________________________

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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 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

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**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

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**Do Not Write Below This Line – For Office Use Only**

Approved ___________________________ Proposal Number: ___________________________

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