

OFFICE OF SPONSORED PROGRAMS
Budget Narrative Report
2009/2010

Project Director/PI:
Project Title:
Funding Agency:
Award Amount:
Award Period:
Account Number:

LINE ITEMS	ORGINIAL BUDGET	CURRENT BUDGET	EXPENDITURES	REMAINING BALANCE
Acct Code#: Personnel, Liaison, Leaders, etc				
Acct Code#: Consultants				
Acct Code#: Travel: Local & Out of Town				
Acct Code#: Supplies				
Acct Code#: Equipment				
Acct Code#: Other				
Acct Code#: Indirect Costs				
TOTAL				



**VIRGINIA UNION UNIVERSITY
TITLE III ADMINISTRATION/SPONSORED PROGRAMS/RESEARCH
AUTHORIZATION TO PREPARE A SPONSORED PROGRAM
GRANT APPLICATION**

**Must be complete and approved prior to submitting Final Proposal
(A copy of the Request for Proposal must accompany this form)**

Principal Investigator/Project Director: _____

Tel#: _____ E-mail#: _____

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.) 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: Consultations 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.

VP for _____ Affairs _____ Date: _____

Division Dean _____ 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:

VIRGINIA UNION UNIVERSITY

Check Disbursement Voucher

PAY TO:

DATE:

ADDRESS:

IF APPLICABLE, PLEASE PROVIDE SOCIAL SECURITY NO: _____ AND/OR
FEDERAL TAX ID# _____

DESCRIPTION/ITEM	AMOUNT
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TOTAL AMOUNT: \$

CHARGE CODE:

DUE DATE: ___/___/___

REQUESTOR FACULTY/STAFF Date

APPROVALS:

DEAN/SUPERVISOR Date

DIVISION VP/ADMINISTRATOR Date

SPONSORED PROGRAM/IF APPLICABLE Date

PURCHASING DEPT./COMPTROLLER Date

VP FINANCIAL AFFAIRS Date

ACCOUNTS PAYABLE USE ONLY
VOUCHER#: _____
OBLIG#: _____
CHECK#: _____
CHK DATE#: _____

NOTE: FOR HONORARIA, STIPENDS, CONSULTING AND SOLE PROPRIETORS PLEASE INCLUDE SOCIAL SECURITY NUMBER. PLEASE ATTACH SUPPORTING DOCUMENTATION. PLEASE KEEP A COPY FOR YOUR RECORDS.

Date: _____

VIRGINIA UNION UNIVERSITY
RICHMOND, VIRGINIA 23220

LINE ITEM TRANSFER OF FUNDS FORM

TITLE OF PROJECT _____

PROJECT DIRECTOR/PI _____

AMOUNT TO BE TRANSFERRED \$ _____ FROM _____ TO _____
(Dollar Amt) (Line Item) (Line Item)

\$ _____ FROM _____ TO _____
(Dollar Amt) (Line Item) (Line Item)

\$ _____ FROM _____ TO _____
(Dollar Amt) (Line Item) (Line Item)

JUSTIFICATION: _____

I hereby request authorization to transfer the above funds consistent with the project guidelines.

Project Director Date

Department Chairperson and/or Vice President Date

Sponsored Programs Director Date

Comptroller, Vice President, Financial Affairs Date

Do not write in this space

Fund Request

Reason for Denial

_____ Approved

_____ Insufficient Funds

_____ Denied

_____ Unauthorized Signature

_____ Other: _____

Date: _____

Sign _____

VIRGINIA UNION UNIVERSITY

OFFICE OF SPONSORED PROGRAMS/RESEARCH
PROGRESS REPORT

NAME OF ACTIVITY: _____

NAME OF PROJECT DIRECTOR/PI: _____

DATE SUBMITTED: _____

1. MAJOR ACCOMPLISHMENTS RELATED SPECIFIC OBJECTIVE

2. PROJECT TRAVEL (RELATED TO OBJECTIVES)

DATE(S)	PURPOSE/PROJECT BENEFIT	TRAVELLER
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_____	_____	_____
_____	_____	_____
_____	_____	_____

3. EQUIPMENT

(SEE ATTACHED EQUIPMENT INVENTORY FORM FOR COMPLETION)

4. CONSULTANTS USED

DATE(S)	NAME(S)	PURPOSE/RESULTS OF CONSULTATION
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIRGINIA UNION UNIVERSITY

5. PROBLEMS AND CONCERNS OF IMPLEMENTATION AND OBJECTIVE ATTAINMENT.

6. Briefly summarize your project activity thrust during this reporting period using substantive data in assessing its impact, performance evaluation measure(s), objective attainment and any additional supporting documentation verifying activity progress (not to exceed two typewritten pages.)

Project Director/PI Signature

Date

I, the Project Director/PI certify that I have carefully reviewed this report and evaluated my Activity during this quarter. In my best judgment, this report as noted does properly reflect the information for the current months of activity. I, the Project Director/PI, also certify that I have reviewed the above report which is dedicated to the Institution and/or Sponsored Programs Activity. Any false representation of this effort certification may subject person(s) to Federal penalties.

OFFICE OF SPONSORED PROGRAMS
Implementation Strategy/Timetable Form

1. Name of Project Director/PI:		2. Project Title:				
3. Specific Tasks to be Completed	4. Primary Participants	5. Methodologies Involved	6. Tangible Results (Documentation)	7. Timeline(s) From	To	

OFFICE OF SPONSORED PROGRAMS
Project Activity Objectives and Anticipated Results

1. Name of Project Director/PI:	2. Project Title:
3. OBJECTIVES IN MEASURABLE TERMS	4. PERFORMANCE INDICATORS



**TITLE III ADMINISTRATION
Office of Sponsored Programs/Research**



**Faculty/Staff
Capability Survey**

Please complete the following information and return it as soon as possible to the Office of Sponsored Programs/Research, Baptist Memorial Bldg, VUU Campus.
Please print or type

Name: _____

Title: _____ # of Yrs at VUU: _____

Contact#: _____ E-mail#: _____

Name of Division/Department: _____

Educational Credentials (*highest degree conferred*): _____

Discipline(s): _____

Name of Institution & Year Completed: _____

Have you written a grant/contract proposal? YES () NO ()

Please rate your grant procurement/writing skills level:

() Beginner () Intermediate () Advance

Indicate availability to attend grant procurement workshops/trainings. (*Please state your days/times of availability, ex. Mon/Wed 9-12noon or Tues/Thurs 1-4pm*) Check all that apply

Mon/Wed () Tues/Thurs () Friday () Saturday ()

Comments: _____

Describe the type of technical assistance needed from the Office of Sponsored Programs/Research.

Does your department have a grant procurement strategy/plan? Yes () No ()
(If yes, briefly describe the strategy/plan.)

Do you anticipate writing at least one grant/contract proposal for the 2010/2011 academic year? Yes () No ()

Have you used any of the following to research a grant/contract opportunity? (Check all that apply)

- SpinPlus
- www.grants.gov
- www.fedbizopps.gov
- www.nasa.gov
- Department of Education – <http://www.ed.gov/index.html>
- National Endowment for the Humanities – <http://www.neh.fed.us>
- Department of Interior and Defense – <http://www.federalgrantswire.com>
- National Institutes of Health - <http://grants1.nih.gov/grants/oer/htm>
- Department of Health & Human Services - <http://www.hhs.gov/agencies>

List any concerns, questions, and/or comments you have regarding grant/contract procurement.

Thank you for taking time to complete the Capability Survey. The Office of Sponsored Programs/Research looks forward to working with you during the academic school.

Return the Capability Survey to:

Linda R. Jackson
Director, Office of Sponsored Programs/Research
Baptist Memorial Bldg, First Floor
Tel#: (804) 257-5807
Fax#: (804) 257-5779
E-mail#: lrjackson@vu.edu