OFFICE OF SPONSORED PROGRAMS
Budget Narrative Report
2009/2010

<table>
<thead>
<tr>
<th>LINE ITEMS</th>
<th>ORGINIAL BUDGET</th>
<th>CURRENT BUDGET</th>
<th>EXPENDITURES</th>
<th>REMAINING BALANCE</th>
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<tbody>
<tr>
<td>Acct Code#: Personnel, Liaison, Leaders, etc</td>
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<td>Acct Code#: Consultants</td>
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<td>Acct Code#: Travel: Local &amp; Out of Town</td>
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<td>Acct Code#: Supplies</td>
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<tr>
<td>Acct Code#: Equipment</td>
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<td>Acct Code#: Other</td>
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<tr>
<td>Acct Code#: Indirect Costs</td>
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<td>TOTAL</td>
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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:
PAY TO: ___________________________  DATE: ___________________________

ADDRESS: __________________________________________________________
_______________________________________________________________

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

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<th>DESCRIPTION/ITEM</th>
<th>AMOUNT</th>
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TOTAL AMOUNT: $ ___________________________

CHARGE CODE: ___________________________
DUE DATE: _____/_____/_____

ACCOUNTS PAYABLE USE ONLY
VOUCHER#: ___________________
OBLIG#: ___________________
CHECK#: ___________________
CHK 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 ___________________________

NOTE: FOR HONORARIA, STIPENDS, CONSULTING AND SOLE PROPHETEES 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.

_________________________________________ Date
Project Director

_________________________________________ Date
Department Chairperson and/or Vice President

_________________________________________ Date
Sponsored Programs Director

_________________________________________ Date
Comptroller, Vice President, Financial Affairs

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)

<table>
<thead>
<tr>
<th>DATE(S)</th>
<th>PURPOSE/PROJECT BENEFIT</th>
<th>TRAVELLER</th>
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3. EQUIPMENT

(SEE ATTACHED EQUIPMENT INVENTORY FORM FOR COMPLETION)

4. CONSULTANTS USED

<table>
<thead>
<tr>
<th>DATE(S)</th>
<th>NAME(S)</th>
<th>PURPOSE/RESULTS OF CONSULTATION</th>
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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

<table>
<thead>
<tr>
<th>1. Name of Project Director/PI:</th>
<th>2. Project Title:</th>
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<tr>
<th>3. Specific Tasks to be Completed</th>
<th>4. Primary Participants</th>
<th>5. Methodologies Involved</th>
<th>6. Tangible Results (Documentation)</th>
<th>7. Timeline(s) From To</th>
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9/22/2009 7:21:59 AM
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 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#: ljrjackson@vuu.edu