



Grant Proposal Submission Approval Routing Form

Please submit this form with a copy of the full proposal (narrative, budget, attachments, etc.) to OSP at least 5 business days prior to the submission deadline. If completed proposal materials are not received by this date, the PI assumes the risk that there may be insufficient time for adequate proposal review and the proposal may not be submitted by UVU.

Office of Sponsored Programs

MS 224; BA 211; 801-863-6084

Please submit to: OSP@uvu.edu

Date Received: _____

App. # _____

AGENCY/SPONSOR SUBMISSION DEADLINE: _____

Submission Method: Mail Electronic Hand Delivery

Request the proposal be marked "Confidential": Y N

TITLE OF PROPOSAL: _____

AGENCY/SPONSOR ORGANIZATION: _____

AGENCY CONTACT: _____ PHONE: _____ E-MAIL: _____

WEBSITE: _____

Federal CFDA Number: _____

Please submit a copy of the Grant Guidelines/Instructions with your submission.

PROJECT TYPE: New Resubmission Non-Competing Continuation Competing Renewal Supplemental Other

PERFORMANCE SITE: _____

Will the proposed project duplicate existing programs, projects, or services currently available at UVU? Y N If yes, please explain: _____

USE OF PROJECT: Fellowships Scholarships Instruction Student Engagement Public/Student Service Community Development Capital Equipment or Facilities Research (If research is selected, check appropriate: applied medical biological educational extensive data collection off-site location travel students, how many? _____ Other (please explain): _____

REQUIRED RESOURCES: Please select additional resources needed that are NOT available from the sponsoring organization. If selected, please explain:

- Additional classroom, laboratory, or office space: _____
- Tuition, scholarship, or additional funding not being requested from the grant: (amount) \$ _____
- Additional computing resources or computer software: _____
- Additional data storage: _____
- Substantial assistance from other departments – e.g.: IT, Internships, Career Services, etc.: _____
- Additional library resources: _____
- New construction: _____
- Remodeling of existing space: _____
- Other: _____

INSTRUCTION: Does the project involve for-credit instruction? Y N

Does the project require creation or revision of curriculum? Y N

EXTERNAL RELATIONS: Please identify and describe any external relationships or agreements necessary:

- Government, for-profit, non-profit, or external educational relations: _____
- Sub-contracts, sub-awards, sub-recipient, commitments or agreements: _____
- Letters of Support/Commitment/Collaboration: _____
- Memorandum of Agreement/Understanding: _____

DOES THE PROJECT INVOLVE ANY OF THE FOLLOWING?

HUMAN SUBJECTS	ANIMAL SUBJECTS	BIOHAZARDOUS	RECOMBINANT DNA	RADIOACTIVITY
<input type="checkbox"/> Data <input type="checkbox"/> Specimens	<input type="checkbox"/> Data <input type="checkbox"/> Specimens		<input type="checkbox"/> Data <input type="checkbox"/> Specimens	
IRB approval date:	IACUC approval date:	IBC approval date:	RDBC approval date:	Sublicense under name:
IRB number:	IACUC number:	IBC number:	RDBC number:	
<input type="checkbox"/> Approval Pending	<input type="checkbox"/> Approval Pending	<input type="checkbox"/> Approval Pending	<input type="checkbox"/> Approval Pending	Attach copy of sublicense
Date submitted:	Date submitted:	Date submitted:	Date submitted:	
	Custom antibodies? Y N	List materials:		

For CITI IRB training and registration, go to www.citiprogram.org. For further guidance, contact IRB at IRB@uvu.edu.

BUDGET SECTION:

PROJECT START DATE: _____ **PROJECT END DATE:** _____

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel Costs	\$	\$	\$	\$	\$	\$
Equipment	\$	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$	\$
Participant Support Costs	\$	\$	\$	\$	\$	\$
Materials & Supplies	\$	\$	\$	\$	\$	\$
Contractual	\$	\$	\$	\$	\$	\$
Construction	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Sub Awards	\$	\$	\$	\$	\$	\$
Total Direct Costs	\$	\$	\$	\$	\$	\$
Indirect Costs %	\$	\$	\$	\$	\$	\$
Total Costs	\$	\$	\$	\$	\$	\$

Cost Share/Matching: \$ _____ In-Kind: ___Y___N Source(s): _____

APPROVAL: _____ Chair/Dept. Admin Initials _____ Dean/Exec. Administrator Initials

Sub-contracts involved? ___Y___N How many? _____

If yes, a sub-recipient form needs to be submitted for EACH sub-award at the time of application submission.

PROJECT-RELATED INCOME: Is PRI expected from sources other than the agency/sponsor? ___Y___N

If yes, please explain: _____

Sponsored Project Interest Disclosure:

Do you have a conflict of interest form filed with UVU? If yes, please attach the UVU Conflict of Interest Management Plan. Contact University Compliance for more information.

Do any participating faculty, staff, or students (or their spouse or dependent children) have any financial interest such as royalty, equity, or any other payments (e.g., consulting, salary, etc.) in the sponsor or the other entities having a financial interest in intellectual property, products or services which are the subject of the *proposed project*? ___Y___N

PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR ASSURANCES

My signature below certifies that: 1) I understand the definition of the word plagiarism, and confirm that the research and/or written content contained in this grant proposal is original work and is not copied from any other published or unpublished work unless the contribution is properly and fully acknowledged and cited. I also understand that failure to comply with this expectation would violate UVU policy and my professional obligations as a faculty member and may lead to disciplinary action, up to and including suspension of my ability to submit grants on behalf of UVU and/or termination of my employment; 2) the information submitted within the application is true, complete and accurate to the best of the PD/PI's knowledge; 3) that any false, fictitious or fraudulent statements or claims may subject the PD/PI to criminal, civil, or administrative penalties; 4) that the PD/PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application; 5) that the personnel or organizations involved in this project are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any federal department or agency and I agree to be bound by the terms and conditions of the external funding agency/source.

Project Director/Principal Investigator Signature	Printed name	Date
Department, School / College _____		
Annual % Effort (time commitment): _____ Calendar _____ Academic Year _____ Summer _____		
Does the project involve course reassignment for faculty or overload for staff? Y N		
Faculty Y N	Tenure Track Y N	
Department Chair / Area Supervisor Signature	Printed name	Date
Dean / AVP / VP	Printed name	Date

Co – PI Signature	Printed name	Date
Department, School / College _____		
Annual % Effort (time commitment): _____ Calendar _____ Academic Year _____ Summer _____		
Does the project involve course reassignment for faculty or overload for staff? Y N		
Faculty Y N	Tenure Track Y N	
Department Chair / Area Supervisor Signature	Printed name	Date
Dean / AVP / VP	Printed name	Date

Co – PI Signature	Printed name	Date
Department, School / College _____		
Annual % Effort (time commitment): _____ Calendar _____ Academic Year _____ Summer		
Does the project involve course reassignment for faculty or overload for staff? Y N		
Faculty Y N	Tenure Track Y N	
Department Chair / Area Supervisor Signature	Printed name	Date
Dean / AVP / VP	Printed name	Date

Co – PI Signature	Printed name	Date
Department, School / College _____		
Annual % Effort (time commitment): _____ Calendar _____ Academic Year _____ Summer		
Does the project involve course reassignment for faculty or overload for staff? Y N		
Faculty Y N	Tenure Track Y N	
Department Chair / Area Supervisor Signature	Printed name	Date
Dean / AVP / VP	Printed name	Date

Co – PI Signature	Printed name	Date
Department, School / College _____		
Annual % Effort (time commitment): _____ Calendar _____ Academic Year _____ Summer		
Does the project involve course reassignment for faculty or overload for staff? Y N		
Faculty Y N	Tenure Track Y N	
Department Chair / Area Supervisor Signature	Printed name	Date
Dean / AVP / VP	Printed name	Date

UVU ENDORSEMENTS

The attached proposal has been examined by the officials whose signatures appear below and it is found to be consistent with the department and school policies and objectives. These signatures indicate that the signers are familiar with the proposal and the department has the available resources to support this project, except as expressly described on this form.

_____	_____
Sr. Vice President – Academic Affairs Signature	Date
_____	_____
Printed Name	

_____	_____
Impacted Area Responsible Administrator Signature	Date
_____	_____
Printed Name	

Signature required by VP Planning Budget & HR if Budget amount is over \$100,000 or Cost Sharing amount is over \$10,000

_____	_____
VP Planning Budget & Human Resources Signature	Date
_____	_____
Printed Name	

_____	_____	_____	_____
Chief International Officer	Date	Associate Vice President Academic Programs	Date
_____	_____	_____	_____
Printed Name		Printed Name	

_____	_____
UVU Authorized Official	Date
Curtis Pendleton	
Senior Director, Office of Sponsored Programs	