



# Grant 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 any 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 110; 801-863-6084

Please submit to: [OSP@uvu.edu](mailto: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/ GRANT: \_\_\_\_\_

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  student travel, how many? \_\_\_\_\_  
 None of these Categories apply. Please Describe: \_\_\_\_\_

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

**Program Title**

**Project Description**

**Program Title**

What are the intended long-term outcomes of this project? How many students will be involved? How many employees will be impacted?

**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	BIOSAFETY	RECOMBINANT DNA	RADIOACTIVITY
___ Data ___ Specimens	___ Data ___ Specimens		___ Data ___ 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](http://www.citiprogram.org). For further guidance, contact IRB at [IRB@uvu.edu](mailto: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	\$	\$	\$	\$	\$	\$
<b>Total Direct Costs</b>	\$	\$	\$	\$	\$	\$
Indirect Costs %	\$	\$	\$	\$	\$	\$
<b>Total Costs</b>	\$	\$	\$	\$	\$	\$

**Cost Share/Matching:** \_\_\_ Y \_\_\_ N \$\_\_\_\_\_ In-Kind: 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 (PRI):** 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 sited. 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 _____		
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Faculty    Y    N	Tenure Track    Y    N	
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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	

# **STOP HERE**

Thank you for filling out all the pages above!

At this point, you will need to contact one of the following people:

- For government grants, please contact Kathryn Johnson, Program Director Sponsored Research ([kjohnson@uvu.edu](mailto:kjohnson@uvu.edu)).
- For non-government grants or contracts, Kathryn Johnson, Program Director of Contracts and Foundation Grants ([kjohnson@uvu.edu](mailto:kjohnson@uvu.edu)).