

Project Title

Sponsor/Agency

FINANCIAL

Budget contains all costs to perform the research described in the proposed project (no cost sharing or other financial commitments)? Yes No

Percent of effort of PI/Co-PI/Collaborators equal percent of salary requested in budget? Yes No

BUDGET INFORMATION:

YEAR	START DATE	END DATE	DIRECT COST	INDIRECT COST	TOTAL
FIRST YEAR					
PROJECT PERIOD					

F&A RATE CALCULATED AT % Off-Campus Instruction

Requesting an IDC Waiver? Yes No (MTDC) Modified Total Direct Cost On-Campus Other

Are all F&A costs being recovered? Yes No (TDC) Total Direct Cost

If No, explain:

CO-PRINCIPAL INVESTIGATOR

My signature below certifies that 1) the information submitted with the application is true, complete and accurate to the best of my knowledge; 2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 3) I agree 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.

CO-Principal Investigator

Date _____ Print Name _____ Signature Field

DEPARTMENTAL APPROVAL

My signature below certifies that 1) the individual is eligible to be Principal Investigator; 2) the scientific merit of this proposal is within the role/scope of the department; 3) the proposal meets the requirements of the sponsor; and 4) the proposal has been subjected to an administrative and financial review.

Department Business Person

Date _____ Print Name _____ Signature Field