



**OFFICE OF SPONSORED RESEARCH ADMINISTRATION**

**Approval Form – Grant Proposals**

**PROJECT INFORMATION**

<b>TITLE OF THE PROJECT:</b>		
<b>PRINCIPAL INVESTIGATOR (PI) INFORMATION</b>		
Name	College/Department	
Phone	Email	
<b>Co-PI INFORMATION</b>		
Name	Phone	Email

**APPLICATION INFORMATION**

Funding Agency/Primary Sponsor	CFDA #	Deadline
Program Name	Program URL	

**SUB-AWARD/COLLABORATOR INFORMATION**

Is SSU sub-awarding to another institution (SSU is the lead)?      Yes      No      If yes, complete the following table

Sub-awardee Institution	PI Name	Department
Phone	Email	Total Sub award \$

Is SSU sub awardee for this proposal?      Yes      No      If yes, complete the following table

Lead Institution Name	PI Name	Department
Phone	Email	Total Sub award Amount

**BUDGET AND PERIOD OF PERFORMANCE INFORMATION**

Total Direct Costs	\$	Project Period	To
Total Indirect Costs	\$	F & A Rate (%)	
Total Funds Requested	\$	Funding agency cap	\$
Cost Share required?	Yes      No	Cost Share Amount Committed	\$      Department Account #(s)

Supplemental pay/additional compensation requested? Attach SOW to confirm work is distinct from institution duties	Yes      No	If yes, provide name(s), amount of pay requested and terms of appointment	Attach SOW to confirm that this work is distinct from institutional duties
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**COMPLIANCE REVIEWS**

		Approval Date/Pending	Protocol #/ Approval #
IRB (Humans)	Yes      No		
IACUC (Animals)	Yes      No		
IBC: Biohazards/Select Agents	Yes      No		
Radioactive Chemicals/Materials	Yes      No		
Marine Vessels/Gear	Yes      No		
Export Controls required by funding agency	Yes      No	If yes, submit <a href="#">export control disclosure form</a> to OSRA	

PI or team have significant financial interests that relate to institutional responsibilities and may affect proposed activity	Yes      No	If yes, complete the <a href="#">FCOI form</a> and submit to OSRA
PI or team have support from any foreign entities (in-kind, appointments, gifts, grants, travel or other financial, etc).	Yes      No	If yes, disclose foreign support: country, name and address of entity, type and amount of support

**INTERNATIONAL RESEARCH**

Does this project have any of the following international components (check all that apply)?

- A collaborator outside the US
- Travel outside of the US by any SSU participant in this project (paid or unpaid)
- Travel to the US by any international collaborator involved with this study (paid or unpaid)
- Transport of any samples (e.g. tissue, blood, chemical. etc.) to or from the US

**FACULTY RELEASE TIME REQUEST**

Name of faculty	No of courses released per AY	Credit hrs. Released/AY	Replacement Cost(s)/AY

**ATTACHMENTS**      **[PI must include each of these documents when routing to chair/Dean]**      **View Tab is below**

**ATTACHED SOW**

**PI and Co-PI ASSURANCES**

By Signing, the Principal Investigator(s) and Co-Principal Investigator(s) certify and agree that

- Neither they nor other team members are debarred or suspended, declared ineligible or excluded from current transactions by any federal department or agency or delinquent in federal debt;
- Information on this form and in the proposal accurately reflects the nature of the project/research and commitments required by Savannah State University;
- SSU has an interest in any intellectual property that may be developed while conducting this project and they agree to be bound by and comply with all the terms and conditions contained in the SSU Intellectual Property Policy;
- Neither they nor any member of their immediate family has any financial interest (foreign or domestic) that would affect the instructional, research, or service activities proposed to be funded by the external agency; if any financial conflict of interest does exist, they are required to disclose such conflict to the University, prior to the submission of the application to the external funding agency.
- The PI and the team have disclosed all foreign support (financial, appointments, gifts, contracts, in-kind, etc) from all sources.

PI Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-PI Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTITUTIONAL APPROVALS [Chair/Dean should review all attachments before signing]**

**Department Chair/Supervisor:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean of College:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Director, OSRA:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_