

## External Funding Submission Approval Form

### **Proposal Information**

Principal Investigator/Project Director (PI/PD):

College:

Department/Program:

Other participating investigators:

Proposal Title:

Anticipated Project Start Date

End Date

### **Proposal Type**

Type of Funder:

Type of Award:

Type of Activity:

### **Funder Information**

Potential Funding Agency/Organization:

Deadline for Proposal Submission:

Mode of Submission:

Funder Contact Information:    Email:

Phone:

### **Budget Information**

Funding amount requested:

Amount of indirect cost included in the funding request (Maximum allowed by agency is **required**):

Basis for indirect cost amount:

If other, explain:

Is reassigned time needed for this funding request\*\*? ☐ Yes ☐ No

If yes, explain amount and duration:

Has your Department Chair/Program Director approved this? ☐ Yes ☐ No

(\*\*Please note: course release is a departmental agreement, not a budget item. Time should be charged to a grant as % Effort : % Salary/fringe, unless otherwise specified in the funder's instructions)

## APPENDIX A

If salary/wages are requested, please complete the table below for each employee receiving salary. Do not include trainees receiving stipends:

Employee Name:			Exempt/Nonexempt:			Institutional Base Salary*:		
			9m or 12m:					
Fall			Spring			Summer		
Total FTE	% Effort on Award	Salary Requested	Total FTE	% Effort on Award	Salary Requested	Total FTE	% Effort on Award	Salary Requested

\*Institutional Base Salary (IBS)= the salary/wages on your HR record for your standard ACU appointment. This may be found on your letter of employment/appointment or determined by contacting HR or your department head. Salary during your standard appointment (Academic Year for 9 month faculty; Year round for 12 month employees) is a re-allocation of effort, not additional/supplemental pay. The total of all pay received during the appointment period must not exceed the IBS, except in circumstances where the pay meets agency and ACU requirements for extra service/supplemental pay (see below). Summer pay for 9 month faculty may not exceed 3/9 of the IBS, when effort is 100% for 1 FTE and time is not committed elsewhere (including ACU activities and vacation). It is recommended that summer pay not exceed 2-2.5/9 of IBS.

Is there a plan to use the above salary savings for another purpose, such as to cover an adjunct or other research expenses? ☐ Yes ☐ No

If yes, please describe the plan proposed:

Is Extra Service Pay requested for any ACU employee? ☐ Yes ☐ No

If yes, please attach the employee's official job description and the Extra Service Pay Approval Form. Extra Service Pay must be approved by ORSP, HR, and the Provost Office as meeting the requirements for agency and ACU policy. It is at the discretion of ACU to determine if the standards are met. Otherwise, salary information should be entered in the section above.

Cost share required or proposed?

☐ Yes ☐ No

Sources	Amount

### **Special Considerations**

☐ Yes ☐ No Does any part of the proposal require University approval (e.g., SLT approval for large foundation requests, approval for degree program creation, approval for construction, etc.)? If yes, please attach documentation of the approval

☐ Yes ☐ No Export Control: Does the project involve travel outside of the USA or collaboration with a person from a foreign country? If yes, please explain: \_\_\_\_\_

☐ Yes ☐ No Does the project/agreement involve classified information, proprietary information, or otherwise restrict intellectual property and publication rights? If yes, please explain: \_\_\_\_\_

Does the project involve human or animal subjects research?

☐ Yes ☐ No Does the budget include any undergraduate or graduate students?

If yes, are the students:

☐ Student Employees: should be budgeted in salaries and wages, paid an hourly wage according to university policies on student employment (e.g., capped at 25 hrs/week), and budgeting 0% fringe rate for the student classification. Students must be enrolled full time in the fall/spring or half time in the summer for student employee classification.

☐ Non-student Employees: should be budgeted in salaries and wages and paid an hourly wage according to university policies on employment. This condition is most likely to occur during the summer if students are not enrolled at least half time to be classified as student employees. For part-time employment, budget 8% fringe. For full-time employment, budget 30% fringe and offer benefits. This classification requires an FTE be approved for the position.

☐ Trainees: should be budgeted in Participant Support-stipends, include a training component in the scope of work/proposal with defined learning outcomes, and clearly not employment based on university and federal policies.

Please contact [orsp@acu.edu](mailto:orsp@acu.edu) if you have any questions about student classification and budget

Do any of the Investigators or their immediate family members have a significant conflict of interest to report?

## APPENDIX A

Does your study involve:

- |  |  |
|--|--|
| <input type="checkbox"/> Use of chemicals or hazardous materials | <input type="checkbox"/> Hazardous waste |
| <input type="checkbox"/> Large or dangerous equipment            | <input type="checkbox"/> Travel abroad   |
| <input type="checkbox"/> Use of an ACU vehicle or rental vehicle |  |

If the answer to any of the above is yes, please contact the Office of Risk Management for proper training and consultation. <http://www.acu.edu/community/offices/administrative/risk-management/contact.html>

## APPENDIX

Please attach the appendix items below:

- ☐ one page abstract of the proposal, SOW, or other description of the project including a short narrative explaining how requested funds will be spent.
- ☐ the detailed funding request budget
- ☐ Extra Service Pay Approval Form, when applicable
- ☐ any certifications, assurances, or other legal agreements
- ☐ any University approvals as noted in the approval form
- ☐ any IRB or IACUC approvals, as appropriate
- ☐ Conflict of Interest disclosure for **ALL** significant personnel on the award.
- ☐ Certificate of Completion for EthicsCORE Responsible Conduct of Research training for all research team members (**NOTE: RCR training is required of all researchers receiving external funding as of January 1, 2017. Certification is good for 4 years for faculty.**) Please see the [ORSP Website](#) for more information.

Please submit the **unsigned** approval form and all attachments at least 2 weeks prior to the application deadline to:  
orosp@acu.edu

## APPENDIX A

### Required Signatures and Approvals:

In submitting this form, the PI/PD assures that:

All Applications:

- ☐ I am not delinquent on any final reports for previous awards I have received
- ☐ I will be responsible for the conduct of the work and the submission of any required reports
- ☐ I will be responsible for compliance with award terms and conditions
- ☐ I understand that the use of award funds is subject to funder's guidelines and ACU's policies
- ☐ I have reviewed and agree to comply with ACU's policies on Intellectual Property and Research Misconduct (<http://www.acu.edu/academics/orsp/documents.html>)
- ☐ I agree that the information reported on this approval form and included in the funding application is true, complete, and accurate to the best of my knowledge

For Federal and State Applications:

- ☐ I am not delinquent on any federal debt
- ☐ I am not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any current transactions by a federal or state department or agency
- ☐ No federal appropriated funds have been or will be paid to influence or attempt to influence the granting of this proposal

---

Principal Investigator/Project Director

---

Date

Chair/Program Director and Dean:

I approve the submission of this proposal

I approve of the effort committed in this proposal and agree that it is in keeping with the College/Department/Unit objectives and is beneficial to the University. I understand that the effort reported in relation to this project, if funded, may affect indirect cost rates and the allocation of those funds.

I am aware of all the requirements of this projects and am committed to supporting them.

Department Chair/Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

Dean of the College: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX A

### Administrative Approvals:

Director, ORSP: \_\_\_\_\_ Date: \_\_\_\_\_

Provost/Vice-Provost: \_\_\_\_\_ Date: \_\_\_\_\_

University Counsel: \_\_\_\_\_ Date: \_\_\_\_\_

Controller: \_\_\_\_\_ Date: \_\_\_\_\_

### For Gifts/Grants from Private Foundations

Advancement: \_\_\_\_\_ Date: \_\_\_\_\_