

**Proposal Approval Form
California State University, Northridge
Office of Research and Sponsored Projects**

ORSP Use Only
F- _____ - _____
Reviewed by _____

Complete this form and submit it to Research and Sponsored Projects, mail code 8232, **after** obtaining signatures of investigators, department chairs, and college deans. This form must be on file, with required signatures, **4 business days prior** to the submission of the proposal to the funding agency.

INVESTIGATOR(S) NAME(S)	DEPARTMENT	EMAIL	EXTENSION	CSUN ID #

TITLE OF PROPOSAL _____

FUNDING SOURCE (agency/entity where funds originate) _____

FUNDING TYPE FEDERAL STATE LOCAL FOR-PROFIT NON-PROFIT OTHER (including colleges/universities)
CFDA # _____ (pertains to federally-funded awards; program numbers are available at www.cfda.gov)

LEAD INSTITUTION/AGENCY (if CSUN's award is a subcontract or sub-grant) _____

TYPE U.S. COLLEGE/UNIVERSITY FOR-PROFIT NON-PROFIT OTHER (State/Local Government, Foreign Institution, etc.)

WILL THE PROJECT REQUIRE CSUN TO ISSUE SUBAWARDS? YES NO (If yes, specify subawardee.) _____

ENTIRE PROJECT PERIOD: PROJECT START DATE (mm/dd/yyyy) _____ PROJECT END DATE (mm/dd/yyyy) _____

PROPOSAL IS NEW RESUBMISSION CONTINUATION SUPPLEMENTAL

AWARD LOCATION ON CAMPUS OFF CAMPUS BOTH

F&A RATE (%) _____ ("Indirect Costs" are referred to as "Facilities and Administration" (F & A) costs by most granting agencies and are synonymous terms.)

DIRECT COSTS \$ _____ + F & A COSTS \$ _____ = TOTAL REQUEST \$ **0**

PROPOSAL TYPE

SELECT ONE OPTION BELOW	EXAMPLES
<input type="checkbox"/> BASIC RESEARCH - undertaken primarily to acquire new knowledge without any particular application or use in mind	BASIC RESEARCH - A researcher is studying the properties of human blood to determine what affects coagulation.
<input type="checkbox"/> APPLIED RESEARCH - conducted to gain the knowledge or understanding to meet a specific, recognized need	APPLIED RESEARCH - A researcher is conducting research on how a new chicken pox vaccine affects blood coagulation.
<input type="checkbox"/> DEVELOPMENT - the systematic use of the knowledge or understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including the design and development of prototypes and processes	DEVELOPMENT - A researcher is conducting clinical trials to test a newly developed chicken pox vaccine for young children.
<input type="checkbox"/> TRAINING & OTHER SPONSORED ACTIVITIES (Do not select this option if the project is training in the conduct of research.)	TRAINING & OTHER - Examples include non-research and development training, outreach/public service, capital projects/construction, and curriculum development.

ATTACHMENTS CHECKLIST - Please submit the following with this form. Forms are available at www.csun.edu/research-graduate-studies/forms.

- CONFLICT OF INTEREST DISCLOSURE FORM - required of all investigators and project directors involved in the project
- PROPOSED BUDGET
- ABSTRACT OF PROPOSED WORK - This summary should express the purpose and the essential elements of the proposed activity but should be written in terms that can be understood by a non-specialist.

ADDITIONAL FORMS FOR PUBLIC HEALTH SERVICE-FUNDED PROJECTS - required of all investigators and project directors

- SUPPLEMENTAL FINANCIAL CONFLICT OF INTEREST DISCLOSURE FORM FOR PHS-FUNDED PROJECTS
- PHS/NIH INSTITUTIONAL COMPLIANCE CERTIFICATION FORM

If you answer YES to any questions, use the space below to explain. Please respond to every item checked "YES".	YES	NO
1. Are F & A (indirect) costs reimbursed at LESS than 45% (on-campus projects) or 26% (off-campus projects)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the PROPOSAL GUIDELINES REQUIRE matching or cost sharing from the University (either cash or in-kind)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will project personnel be released from teaching at any point during the project (including Large Grant Release Time)? (University commitments of released time are contingent upon the availability of funds.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the project require renovation of existing space or the use of space in addition to that which is currently available to you? If YES, indicate square footage: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the project employ students? If YES, indicate the number and level. Graduate _____ Undergraduate _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Are safety considerations, e.g. radiation, carcinogens, mutagens, infectious diseases, recombinant DNA, or hazardous materials involved?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will proposed work require modifications to curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are HUMANS involved as research subjects? If YES, specify status of IRB approval below. <input type="checkbox"/> Approval Obtained Date: _____ <input type="checkbox"/> Protocol Submitted Date: _____ <input type="checkbox"/> Submission Pending Protocol Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
9a. Are ANIMALS involved as research subjects? If YES, specify status of IACUC approval below. If you answered NO, please also check NO on 9b. <input type="checkbox"/> Approval Obtained Date: _____ <input type="checkbox"/> Protocol Submitted Date: _____ <input type="checkbox"/> Submission Pending Protocol Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
9b. If you answered YES to 9a, does the proposal request funds for animal care and housing? If the proposal does not request funds for animal care and housing, please indicate source of funds for animal care and housing on second page.	<input type="checkbox"/>	<input type="checkbox"/>
10. Will any part of this project take place outside the U.S. or involve foreign companies or institutions; involve foreign national faculty, staff, students, or collaborators; or include the exchange of project information, equipment, or materials with foreign entities or individuals?	<input type="checkbox"/>	<input type="checkbox"/>

If you checked YES to any questions, #1 through #10 above, use the space below to provide explanations. Please identify each answer by the corresponding question number.

INVESTIGATOR CERTIFICATION: I certify that the information submitted within this application is true, complete, and accurate to the best of my knowledge. I accept responsibility for the scientific/professional conduct of the project as outlined in the proposal. I agree to comply with California State University, Northridge and The University Corporation policies and sponsor requirements in the conduct of the project. I certify that I am not debarred, suspended, proposed for debarment, excluded, or disqualified under the non-procurement common rule and will notify the Office of Research and Sponsored Projects immediately if the status changes.

Principal Investigator or Director _____ Date _____

Co-PI or Director _____ Date _____

Co-PI or Director _____ Date _____

Co-PI or Director _____ Date _____

Co-PI or Director _____ Date _____

APPROVALS: Signatures below represent approval of this project, including agreement to accept a reduced F&A cost recovery (if applicable). If faculty members from multiple departments and/or colleges are involved, all relevant deans and chairs must sign.

Department Chair(s) _____ Date _____ / _____ Date _____

College Dean(s) _____ Date _____ / _____ Date _____

Chief Financial Officer _____ Date _____

Director of Research & Sponsored Projects _____ Date _____