

**UNIVERSITY OF VIRGINIA INTERNAL PROPOSAL APPROVAL FORM**

School Proposal #	_____	<b>Sponsor Deadline: Date: Time: Dept Deadline:</b>	Principal Investigator:	_____
School / Dept Name:	_____ / _____		PI Employee ID:	_____
Sponsor:	_____		PI Email:	_____
Fiscal Contact/Phone	_____ / _____		Award Owning Org:	_____
Project Name	_____		Project Owning Org:	_____
Award Full Name	_____			
Award Short Name	_____			
Award Alternate Name	_____			

<b>Proposal Status (Please check as appropriate)</b>		<b>Proposal Period From:</b>	<b>To</b>
New Proposal	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Revised	<input type="checkbox"/>	Continuation	<input type="checkbox"/>
Supplement	<input type="checkbox"/>		
Project #	_____		
Award #	_____		
Research Type:	Basic <input type="checkbox"/>	Clinical <input type="checkbox"/>	
ERA Submission:	<input type="checkbox"/>		
		<b>Summary of Costs:</b>	<b>1<sup>st</sup> Year</b>
		Direct Costs	_____
		Indirect Costs	_____
		Total Sponsor Cost	_____
		Cost Sharing	_____
		Total Budget Cost	_____
		% Cost Sharing	_____
			<b>Total Proposal Period</b>

**PRINCIPAL INVESTIGATOR / PROGRAM DIRECTOR'S STATEMENT**

	YES	NO	NA
1. A) i) Does the proposal involve human subjects? If yes, attach IRB approval or explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) If the proposal involves human subjects, does it also involve human fetal tissue? If yes, attach IRB approval or explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) If the answer to 1. A) is YES, have all key personnel completed UVA's on-line HIC training module? <a href="http://www.irb.virginia.edu/HicDocs/Training/index3.cfm?SecondPass=1&amp;ExamRequest=none">http://www.irb.virginia.edu/HicDocs/Training/index3.cfm?SecondPass=1&amp;ExamRequest=none</a> For additional information, refer to <a href="http://www.healthsystem.virginia.edu/internet/hic/general-information/index.cfm">http://www.healthsystem.virginia.edu/internet/hic/general-information/index.cfm</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will animals be required? If yes, attach approved protocol or explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the proposal involve DNA techniques, radioactive or biohazardous materials, hazardous chemical waste, or infectious agents? If yes, has the PI notified the Office of Environmental Health & Safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is space already adequately assigned for the proposed program? If no, submit explanation to the Dean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you, your spouse, or any other persons living with you have any financial interests (more than 3% equity or more than \$10,000 annual income) in the sponsoring organization, or which might reasonably appear to be affected by the proposed research? If YES, refer to the University's Objectivity in Research Policy information at the following websites: <a href="http://www.virginia.edu/vprgs/polproc.html">http://www.virginia.edu/vprgs/polproc.html</a> and <a href="http://www.virginia.edu/vprgs/rsrchcompliance.html">http://www.virginia.edu/vprgs/rsrchcompliance.html</a> If YES, refer also to the UVA Financial Administration Procedures Manual for additional details on filing the necessary disclosure and the Virginia Statement of Economic Interests. See: <a href="http://www.virginia.edu/finance/polproc/broc/15-1.html">http://www.virginia.edu/finance/polproc/broc/15-1.html</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Regardless of your answer to Question 5, as principal investigator, you must notify all personnel who will be engaged in the design, conduct or reporting of the proposed research that they must also comply with the tenets of Question 5. Have you made this notification? List the personnel who will also submit statements of economic interests (if none, write "none").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have all professional staff involved in the proposed project signed the University Patent Agreement? If NO or uncertain, contact the Office of the Vice President for Research and Public Service to verify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any project personnel presently debarred, suspended, or proposed for debarment by any Federal agency? If YES, the proposal should include an explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there any implied release time from teaching activities? If yes, attach explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, the PI makes the following certifications: (1) that the information submitted within the application is true, complete and accurate to the best of your knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties; (3) that you acknowledge review of and accept responsibility for the budget submitted; and (4) that you agree to accept responsibility for the scientific conduct and financial oversight of the project and to provide the required progress reports if a grant is awarded as a result of the application.

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

**DEPARTMENT CHAIR'S AND DEAN'S STATEMENTS:** Except as noted below, we concur with the submission of this proposal, which is consistent with the education and research objectives of the Department and School, and agree:

- |   |   |
|---|---|
| 1. To release the designated faculty for the effort indicated.          | 3. That cost sharing is reasonable and appropriate for this program.      |
| 2. That adequate space will be made available for the proposed program. | 4. To assume responsibility for providing adequate administrative support |

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jean of School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

APPROVED FOR THE UNIVERSITY OF VIRGINIA BY: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART TWO  
INFORMATION FOR CENTRAL ADMINISTRATOR USE IN REVIEWING PROPOSALS**

The Principal Investigator's statements (Part One) and the following items on this proposal must be approved by the University. CHECK AS APPROPRIATE - Comment in remarks section below or attach explanatory statement for each "NO" answer.

	YES	NO	NA
1. Did the Development Office assist in the submission of this proposal? If so, please note the name of the appropriate Development Officer here.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is named principal investigator eligible to submit a proposal in accordance with the provisions of Financial and Administrative Policy VIII.A.1? If "NO" explain in remarks section below.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the University's current negotiated fringe benefit rate(s) been applied?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the University's current negotiated overhead rate(s) been applied? If "NO", check one:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sponsor does not allow indirect costs (attach documentation).			
<input type="checkbox"/> Maximum overhead rate allowed by Sponsor is _ _ % (attach documentation).			
<input type="checkbox"/> Waived or reduced rate requested. Written justification by Principal Investigator and approval by the Department Chair, Dean and Vice President for Research and Public Service is attached (Financial and Administrative Policy VIII.D.3). Waivers are not made for "for-profit" entities.			
<input type="checkbox"/> Other (explain below).			
5. When applying an off campus rate, has justification been provided including a detailed summary of professional effort on and off campus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have personnel and indirect cost rates been adjusted in accordance with the University's guidelines for multi-year proposals? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you requesting that University or State employees be reimbursed as consultants? If "YES", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are budgeted salaries for faculty current and accurate? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the salary and/or wage rates budgeted for students in accordance with current rates established by the Provost's Office? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have central service rates been verified as current? Attach rate documentation. If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your budget include CAS exempt cost requests? If "YES", complete and attach the <u>Request for Exception to Cost Accounting Standards</u> - PART THREE of this UVa Proposal Approval Form.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does the proposal include cost sharing? If "YES", complete PART FOUR of this form.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does the proposal include subcontracts? If "YES", continue with items a), b), c).	<input type="checkbox"/>	<input type="checkbox"/>	
a). Has an authorized official of the subcontractor(s) approved the budget(s)? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b). Is a sole source justification being submitted to OSP with the proposal if the proposal includes subcontracts with private source(s) in excess of \$10,000? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c). Have debarments / suspension, drug-free, lobbying and/or other appropriate certification(s) been obtained from prospective subcontractor(s)? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the proposal in response to a Request For Proposal? If "YES", attach a copy of the RFP.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Have the necessary clearances been obtained from participating departments or schools? If "NO", explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the proposal is going to a corporation, has a contract been signed and attached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is there a cover sheet or letter for authorized institutional representative's signature?	<input type="checkbox"/>	<input type="checkbox"/>	
18. A) Are there any graduate students paid \$4,000 or more in a year?	<input type="checkbox"/>	<input type="checkbox"/>	
B) If so, is tuition remission (or in-state equivalent) included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REMARKS:** \_\_\_\_\_

A review has been made to insure that University Procedures for preparing proposals have been considered and the above required actions have been taken.

**Research Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PART THREE  
JUSTIFICATION FOR COST ACCOUNTING STANDARDS EXCEPTION REQUEST**

I. For all Facilities and Administrative (indirect) budget items you are requesting to treat as direct charges on a Federal grant or an award with any federal flow through dollars (including any administrative or clerical personnel), provide justification (by listing the items and answering the questions below) demonstrating how the unique nature of the grant validates the cost being directly charged. Include justification for each budget item. Refer to UVA Policy VIII.A.8 and VIII.A.6 at <http://www.virginia.edu/~epolproc/pol/poltoc.html#sectionVIII> and UVA's Cost Accounting Standards guidelines at <http://www.virginia.edu/~sponpdm/casguidelines.html> for further explanation. If sufficient space for explanation is not available on this form, please continue on a standard sheet and attach additional documentation as needed. Signatory approvals from the Principal Investigator and Department Chair are required below.

Budget Item	Cost	Quantity

Please provide answers to the following questions for each item. Attach additional pages as necessary.

- 1) How does the unique nature of the grant present an "unlike circumstance" which validates the items being directly charged? *Ex. Postage costs will be charged to a grant to conduct a significant mail survey of 3,000 participants.*
  
- 2) What percentage of this item's use can be allocated to the project? *Ex. 100% of an administrative assistant's time may be charged to a center grant.*
  
- 3) How will this item directly contribute to the scientific aims of the award? *Ex. A computer is to be purchased which will house and manipulate an exorbitant amount of data generated by the research project.*
  
- 4) For any administrative/clerical staff compensation costs you are requesting to be treated as direct charges, attach a written justification describing how the administrative position qualifies as an unlike circumstance.

**II. Transaction Controls:**

Oracle Transaction Controls have been implemented to assist with financial grants management. Below is a list of expenditure types for which transaction controls have been set. If completing the above justification, you must also check the appropriate box below.

NOTE: The list below is not exhaustive. These are merely items for which CAS exceptions and exemptions are most commonly requested. If you wish to charge other items which are typically considered an indirect (F&A) cost, please check the "Other" box, add the expenditure type and provide an explanation above.

<input type="checkbox"/> Eq Capital Voice & Data	<input type="checkbox"/> Eq Non-Capital Desktop Comp	<input type="checkbox"/> Svcs, Memberships to Orgs
<input type="checkbox"/> Eq Non-Capital Library	<input type="checkbox"/> Eq Non-Capital Mobile Comp	
<input type="checkbox"/> Eq Non-Capital Office Furniture	<input type="checkbox"/> Eq Non-Capital Other Comp Equ	
<input type="checkbox"/> Eq Non-Capital Voice & Data	<input type="checkbox"/> Eq Library Books	
<input type="checkbox"/> Administrative Faculty Salaries	<input type="checkbox"/> Supplies, Computer Operating	
<input type="checkbox"/> Supplies, Educational	<input type="checkbox"/> Supplies, Food Svc	
<input type="checkbox"/> Supplies, Office	<input type="checkbox"/> Svcs, U.S. Postal	
<input type="checkbox"/> Other (Specify expenditure type in section I. above)	<input type="checkbox"/> Faculty Salary (TRAINING GRANTS AND FELLOWSHIPS ONLY)	

Principal Investigator Name: \_\_\_\_\_

Department/School: \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_

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

Chair Signature: \_\_\_\_\_

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

OSP Approval Signature: \_\_\_\_\_

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

Approval by the University on the use of these exceptions does not preclude the federal agency from disallowing these costs in an audit.

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**PART FOUR  
BUDGETED COST SHARING**

**PART FOUR – COST SHARE COMMITTED IN PROPOSAL**  
(Complete one form for each year of cost share, unless there are no variations)

For OSP Use: \_\_\_\_\_  
Project/Award Number

PI Name: \_\_\_\_\_ PI Dept./School: \_\_\_\_\_ Is Cost Share Mandatory  Voluntary  ?

**A. Salary and Wage Detail (contributed effort)**

Fill out this section of the form if you are including any salary/wage cost share in your proposal budget. Exclude salary cap information on this form.

Name	Employee Number	Employee Type (Check one)					% Cost Share Effort	Salary/Wages (\$)
		9 mo. Faculty	12 mo. Faculty	SOM Faculty	Classified Staff	Student		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subtotal								

**B. Other Than Personnel Services (OTPS)**

Type of Cost Share	Source of Cost Share (Award number only)	Amount of Cost Share (\$)
Fringe Benefits (apply to Subtotal for Part A)		
Equipment (describe)		
Unrecovered Facilities & Administrative Costs		
Other (please explain)		
<b>Total</b>		

This form commits your department/school to funding the cost share listed above from sources other than this grant or any federal grant.

**Department Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(required for commitment of department resources)

**Dean of School Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(required for commitment of school resources)