

PROPOSAL ROUTING & APPROVAL FORM

"Green Sheet"

CFDA# (Foundation Only)

PCR# (Foundation Only)

- Proposal Type:**
- New
 - Renewal
 - Supplement
 - Continuation
 - Resubmittal
- Purpose:**
- Research
 - Training/Instr.
 - Equipment
 - Other
- Award Type:**
- Grant
 - Contract
 - Coop Agrmnt
- Location:**
- On Campus
 - Off Campus

Project Director: _____ **SSN:** _____
Phone: _____ **Position Title:** _____
Department: _____ **College:** _____
Office: _____ **Email:** _____

Co-Director: _____ **SSN:** _____
Phone: _____ **Position Title:** _____
Dept./Office: _____ **College:** _____
Email: _____

Proposal Title: _____

Budget Period: _____ **to** _____
Project Period: _____ **to** _____

Sponsor address & contact person: _____ **Lead Insitution:** _____

PROJECT SUMMARY

Requested from Sponsor		Cost Sharing		Total Budget
(Foundation Only)				
	First Year	Total Project		
Direct Costs	\$ _____	\$ _____	\$ _____	\$ _____
Indirect Costs	\$ _____	\$ _____	\$ _____	\$ _____
Total Budget	\$ _____	\$ _____	\$ _____	\$ _____
Indirect Cost:	Base _____	Total Cost Share:	Cash _____	Source(s): _____
	Rate _____ %		In-kind _____	_____
	Calculation Method _____		Type (Mand/Vol) _____	_____
Indirect Cost Analysis:		IDC Distribution:	PI(s) _____ %	SJSU
Full Recovery <input type="checkbox"/>			Chair(s) _____ %	Cost Share: Cash \$ _____
Mandatory Under-reimbursed <input type="checkbox"/>			Dean(s) _____ %	In-Kind \$ _____
Rate Exception Under-reimbursed <input type="checkbox"/>				Approval _____
Other - None allowed <input type="checkbox"/>				

Supersedes All Previous Editions, rev. 5/98

Does the proposed activity involve: (If answering YES, additional information or signature required)

- | | | | |
|--|-----------------------------|------------------------------|-------|
| 1. A potential Conflict of Interest for anyone involved? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 2. An impact on curriculum or degree programs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 3. Continuing education programs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 4. Use of human subjects? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 5. Use of vertebrate animals? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 6. Biological Hazards? Carcinogens? Recombinant DNA? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 7. Additional University space, equipment or telephones? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 8. Facility remodeling or alteration? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 9. Substantial use of computing facilities or personnel? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 10. Support from "seed money" during proposal preparation? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 11. Student Participation? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 12. WASC review and approval? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |
| 13. State Clearinghouse (Exec. Order 12372) review? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ |

DISPOSITION OF EQUIPMENT TO BE PURCHASED WITH PROJECT FUNDS

To Foundation Determined by sponsor No equipment requested

REQUEST FOR FACULTY TIME

Overload	Name _____	% _____	_____	Period _____
	Name _____	% _____	_____	Period _____
	Name _____	% _____	_____	Period _____
Release Time	Name _____	% _____	_____	Period _____
	Name _____	% _____	_____	Period _____
	Name _____	% _____	_____	Period _____

Additional Info. _____

PROPOSAL #	PROPOSAL SHORT TITLE:																
<p>APPROVALS TO BE OBTAINED BY THE PRINCIPAL INVESTIGATOR OR PROJECT DIRECTOR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> PI/Project Director Date Certifies correctness of proposal and willingness to abide by University and Sponsor policies and commonly accepted scientific practices in performing project. </td> <td style="width: 20%;"></td> </tr> <tr> <td> Co-PI/Co-Director Date Certifies correctness of proposal and willingness to abide by University and Sponsor policies and commonly accepted scientific practices in performing project. </td> <td></td> </tr> <tr> <td> Department Chair [approves project, including dept. cost sharing, and faculty participation] Date </td> <td></td> </tr> <tr> <td> College Dean [approves project, college cost sharing, & certifies its compatibility with college policies] Date </td> <td></td> </tr> </table>	PI/Project Director Date Certifies correctness of proposal and willingness to abide by University and Sponsor policies and commonly accepted scientific practices in performing project.		Co-PI/Co-Director Date Certifies correctness of proposal and willingness to abide by University and Sponsor policies and commonly accepted scientific practices in performing project.		Department Chair [approves project, including dept. cost sharing, and faculty participation] Date		College Dean [approves project, college cost sharing, & certifies its compatibility with college policies] Date		<p>APPROVALS TO BE OBTAINED BY THE FOUNDATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> SJSURF Sponsored Programs Manager Date [certifies proposal complies with application guidelines & budget is adequate & correct] </td> <td style="width: 20%;"></td> </tr> <tr> <td> SJSURF Deputy Chief Operating Officer Date [certifies project meets Foundation and University policies] </td> <td></td> </tr> <tr> <td> University Fiscal Officer Date [certifies appropriateness of University fiscal involvement] </td> <td></td> </tr> <tr> <td> AVP, Graduate Studies & Research Date [approves proposal on behalf of the President] </td> <td></td> </tr> </table>	SJSURF Sponsored Programs Manager Date [certifies proposal complies with application guidelines & budget is adequate & correct]		SJSURF Deputy Chief Operating Officer Date [certifies project meets Foundation and University policies]		University Fiscal Officer Date [certifies appropriateness of University fiscal involvement]		AVP, Graduate Studies & Research Date [approves proposal on behalf of the President]	
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<p>FOUNDATION USE ONLY</p> <p>DUE DATE: _____</p> <p> <input type="checkbox"/> Receipt <input type="checkbox"/> Postmark <input type="checkbox"/> FedEx <input type="checkbox"/> Fax/Mail <input type="checkbox"/> Certified <input type="checkbox"/> w/in 5 days # of Copies: original + _____ copies <input type="checkbox"/> Express Mail <input type="checkbox"/> Electronic <input type="checkbox"/> Hand-Delivery <input type="checkbox"/> _____ (by whom?) Special Instructions: _____ </p> <p>Date rec'd in Fdn: _____</p> <p> Quality Control: Proposal Processing <input type="checkbox"/> C&G Mgr. <input type="checkbox"/> Sponsor Type: Gov't <input type="checkbox"/> Corporation <input type="checkbox"/> Corp. Fdn. <input type="checkbox"/> Other Fdn. <input type="checkbox"/> Copies sent to: PI <input type="checkbox"/> Co-PI(s) <input type="checkbox"/> Chair <input type="checkbox"/> Dean <input type="checkbox"/> File <input type="checkbox"/> C&G Dir. (if non-gov't) <input type="checkbox"/> Other <input type="checkbox"/> _____ </p> <p>Was this proposal in response to a Funding Alert? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																	