

OSP use only  
 Proposal ID#: \_\_\_\_\_

**GRANT/CONTRACT PROPOSAL ROUTING AND APPROVAL FORM  
 UNIVERSITY OF THE VIRGIN ISLANDS**

*This form must accompany every grant or contract application. Please complete ALL fields.  
 Save time by contacting the Office of Sponsored Programs for budget review prior to obtaining Administrative Signatures.*

**A. INVESTIGATOR(S)/PROJECT DIRECTOR(S)**

**PI/PD Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **College/School/Department:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>Co-PI/PD Name:</b> Title: College/School/Department:	<b>Co-PI/PD Name:</b> Title: College/School/Department:
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Administering department, if different than PI/PD's department: \_\_\_\_\_

**B. SPONSOR INFORMATION**

<b>Sponsor Name:</b> Source of Funds: <input type="checkbox"/> Federal <input type="checkbox"/> VI Govt <input type="checkbox"/> Private: CFDA#	<b>Program Title:</b> <input type="checkbox"/> Sub Award to UVI <input type="checkbox"/> Sub Award from UVI to another institution:
<b>Sponsor Deadline:</b> <input type="checkbox"/> Postmark <input type="checkbox"/> Electronic Receipt <input type="checkbox"/> Paper Receipt	<b>Attach Application Guidelines or provide web address:</b>

**C. PROJECT IDENTIFICATION**

**Project Title:** \_\_\_\_\_  
**Location:**  On Campus  Off Campus  
**Submission Type:**  New  Renewal/Competing Continuation  Supplement  Revision  
**Type of Project:**  Research  Training  Instruction  Technical Assistance  
 Other \_\_\_\_\_  
**Proposed Start Date:** \_\_\_\_\_ **Proposed End Date:** \_\_\_\_\_

**D. COMPLIANCE AND COMMITMENTS (Check all of the following that apply).**

- |                                                                        |                                                                                                                                                                                                                        |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Modifications or Renovations to existing facilities (Describe) (If yes, Campus Executive Administrator(s) must approve here (_____))                                                                                   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Research involving human subjects (IRB approval must be received before research can begin.)                                                                                                                           |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Research involving vertebrate animals (Contact Sponsored Programs)                                                                                                                                                     |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Transfer of Technology, Materials to another institution, controlled Information or Software Code to another institution or foreign entity.                                                                            |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | IT hardware or software purchase (CIO approval required _____)                                                                                                                                                         |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Obligation to continue the proposed activity beyond the award period                                                                                                                                                   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Does the PI/PD, Co-PI/PD, or their immediate family member have a financial interest in the proposed activities? (If yes, update UVI Conflict of Interest Disclosure Form and submit to your component/division head.) |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Research involving vertebrate animals (other than field research on fish and agricultural research).                                                                                                                   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Research involving marine mammals, or sea turtles.                                                                                                                                                                     |

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**FUNDS REQUESTED**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
Agency Request						
UVI Cash Match						
UVI In-kind Match						
Non-UVI Match						
Indirect Costs						
Total						

Indirect Cost (IDC) Rate Used:  65% of Salaries, Wages, and Fringe Benefits\*  
 IDC not allowed     Agency capped rate of

NOTE: \*UVI's federally negotiated IDC rate must be used unless IDC is capped or disallowed by authorizing legislation or program guidelines or unless UVI elects to waive its indirect cost recovery as part or all of its institutional match. All voluntary waiver of IDC or use of IDC recovery as cash match must be approved in advance by the VP for Administration and Finance (VPAF). Under no circumstances shall another IDC rate be used that exceeds the UVI federally negotiated indirect cost rate.

Any **voluntary** waiver of IDC or use of IDC recovery as a cash match on the project must be approved by the VPAF here \_\_\_\_\_. (If IDC is capped or disallowed, VPF signature is not required.)

**SOURCE OF MATCHING FUNDS**

UVI Cash Match	
UVI In-kind Match	
Non-UVI Match	

**APPROVALS**

THE UNDERSIGNED ATTEST THAT THEY HAVE REVIEWED AND HEREBY APPROVE THE ATTACHED APPLICATION, INCLUDING ANY OBLIGATIONS AS INDICATED.

TITLE	SIGNATURE	DATE
PI/PD		
Co-PI/PD(s)		
Chair(s), Unit Head(s)		
Dean(s)		
Director, OSP		
Vice Provost RPS		
Provost		
President		

(NOTE: If personnel or resources controlled by multiple units are involved, all must approve.)