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| University of the Virgin Islands  Office of Sponsored Programs  Internal Routing and Approval Form for Proposals | | | | | | | | | | | | | |
| ***This form must accompany every sponsored program proposal. Please complete ALL fields.***  ***Save time by contacting the Office of Sponsored Programs for budget review prior to obtaining Administrative Signatures.***  **SUBMIT THIS FORM IN ACCORDANCE WITH THE PROPOSAL REVIEW AND SUBMISSION SOP** | | | | | | | | | | | | | |
| 1. **INVESTIGATOR(S)/PROJECT DIRECTOR(S)** | | | | | | | | | | | | | |
| PI/PD: Click or tap here to enter text. | | | | | | | | | E-mail: Click or tap here to enter text. | | | | |
| Department:Click or tap here to enter text. | | | | | | | | | Phone: Click or tap here to enter text. | | | | |
| Co-PI/PD (1): Click or tap here to enter text. | | | | | | | | | Department: Click or tap here to enter text. | | | | |
| Co-PI/PD (2): Click or tap here to enter text. | | | | | | | | | Department: Click or tap here to enter text. | | | | |
| Co-PI/PD (3): Click or tap here to enter text. | | | | | | | | | Department: Click or tap here to enter text. | | | | |
| 1. **SPONSOR INFORMATION** | | | | | | | | | | | | | |
| Sponsor Name: Click or tap here to enter text. | | | | | | | | | | | | | |
| Lead Agency if UVI is not the Lead Institution: Click or tap here to enter text. | | | | | | | | | | | | | |
| CFDA#: Click or tap here to enter text. | | | | | | | | | | | | | |
| Sponsor Deadline: Click or tap to enter a date. | | | | | | | | Postmark?  Electronic?  Paper Receipt? | | | | | |
| Attach application guidelines or provide web link: Click or tap here to enter text. | | | | | | | | | | | | | |
| 1. **PROJECT IDENTIFICATION** | | | | | | | | | | | | | |
| Project Title: Click or tap here to enter text. | | | | | | | | | | | | | |
| Project Location:  On-Campus  Off-Campus | | | | | | | | | | | | | |
| Submission Type: Choose an item. | | | | | | | | | | | | | |
| Project Type: Primary Choose an item. Secondary: Choose an item. Other: | | | | | | | | | | | | | |
| Proposed Start Date: Click or tap to enter a date. | | | | | | | | | Proposed End Date: Click or tap to enter a date. | | | | |
| Does this project contain Subaward(s)  If yes, list in the next block | | | | Subaward(s) to: | | | | | | | | | |
| Yes  No | | | |
| 1. **COMPLIANCE AND COMMITMENTS** | | | | | | | | | | | | | |
| Please answer all the questions. | | | | | | | | | | | | | |
| Does the project require modification or renovation to existing facilities? If yes, VP of Administration and Finance must approve here | | | | | | | | | | | | Yes  No | |
| Does the Project require additional space? If yes, VP of Administration and Finance must approve here  A request must also be sent to the UVI Space Committee via the [Space Allocation Form](https://www.uvi.edu/files/documents/Administration_and_Finance/Campus_Operations/UVI%20Request%20for%20Allocation%20of%20Space%20Form_1-12-15.pdf). | | | | | | | | | | | | Yes  No | |
| Will release time be requested under this project? List the names of the individuals requesting release time and the percentage requested: | | | | | | | | | | | | Yes  No | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | | | | | |
| Research involving human subjects (IRB approval must be received before research can begin). | | | | | | | | | | | | Yes No | |
| Research involving vertebrate animals (IACC approval must be received before research an begin) | | | | | | | | | | | | Yes  No | |
| Transfer of Technology, Materials to another institution, controlled Information or Software Code to another institution or foreign entity. | | | | | | | | | | | | Yes  No | |
| IT hardware or software purchase including, but not limited to servers, integrated software, sensor or key requirements. (laptops, desktops, and standalone software do not require approval unless you will require significant ITS assistance. If yes, VP for ITS approval is required : | | | | | | | | | | | | Yes  No | |
| Obligation to continue the proposed activity beyond the award period | | | | | | | | | | | | Yes  No | |
| 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.) | | | | | | | | | | | | Yes  No | |
| 1. **FUNDS REQUESTED** | | | | | | | | | | | | | |
| BUDGET SUMMARY | | YEAR 1 | | YEAR 2 | | | | YEAR 3 | | | YEAR 4 | YEAR 5 | | TOTAL |
| Direct Cost | |  | |  | | | |  | | |  |  | |  |
| F&A (Indirect Cost) | |  | |  | | | |  | | |  |  | |  |
| TOTAL | |  | |  | | | |  | | |  |  | |  |
| 1. **F&A COST (Indirect)** | | | | | | | | | | | | | |
| IDC (F&A) Cost Rate Used: Choose an item. Click or tap here to enter text. | | | | | | | | | | | | | |
| **F&A Rate Waiver/Reduction Request** | | | | | | | | | | | | | |
| Requested F&A Costs: | | | | | Full UVI F&A cost if allowed to be charged to the project: | | | | | | | | |
| Amount of total F&A requested for waiver consideration (Full F&A Costs minus Requested F&A Costs): | | | | | | | | | | | | | |
| **Justification for Waiver Request (Attach additional pages if needed)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 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 and aligns with the F&A SOPs, VPF signature is not required.) | | | | | | | | | | | | | |
| 1. **COST SHARE** *Please list source of matching funds* | | | | | | | | | | | | | |
| UVI Cash Match | | Click or tap here to enter text. | | | | | | | | | | | |
| UVI In-kind Match | | Click or tap here to enter text. | | | | | | | | | | | |
| Non-UVI Match | | Click or tap here to enter text. | | | | | | | | | | | |

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| INSTITUTIONAL APPROVAL: The undersigned attest that they have reviewed and hereby approve the attached proposal, including any obligations as indicated. If personnel or resources controlled by multiple units are involved, all must approve. | | | | | | | | |
|  |  |  | | |  |  |
| PI/PD Date |  | Chair/Director Date | | |  | Dean Date |
| Co-PI/PD (1) Date |  | Chair/Director Date | | |  | Dean Date |
| Co-PI/PD (2) Date |  | Chair/Director Date | | |  | Dean Date | |
| Co-PI/PD (3) Date |  | Chair/Director Date | | |  | Dean Date | |
| Director of Sponsored Programs Date | | |  | Vice Provost, Research & Public Service Date | | | | |
| Provost & VP of Academic Affairs Date | | |  | President Date | | | | |

***NOTE: Signatures from the Vice Provost, Provost and President are obtained as required by the Proposal Review and Submission Standard Operating Procedure and coordinated by the Office of Sponsored Programs.***