

**UNIVERSITY OF NORTH FLORIDA - REQUEST FOR PROPOSAL APPROVAL AND SUBMISSION  
Internal Signature Routing Form**

This INTERNAL form must be completed prior to submission of a proposal to an external funding source

**PROPOSAL INFORMATION**

Submission Deadline:  
Submission Method:

Deadline Type:  
Address/Email URL for submission:

Project leader:  
UNF Department to administer account:

% of Credit to PI: CIP Code:  
Institute/Center to administer account:

Co-Project leader:  
UNF Department to administer account:

% of Credit to PI:

Project title:  
Proposed project dates:

New  Continuation/Renewal of PTS # \_\_\_\_\_  
 Revision/Resubmission PTS# \_\_\_\_\_

Sponsor:  
Sponsor Type:  
Subcontract?  Yes  No

Sponsor Division:  
(If Federal CFDA: \_\_\_\_\_)  
If yes, Prime Funding Agency:

Project Summary:

**BUDGET INFORMATION**

F&A Rate: Base:		Cost Sharing provided by: <input type="checkbox"/> Vol Committed <input type="checkbox"/> Vol Uncommitted <input type="checkbox"/> Mandatory	
	Requested from Sponsor	Cost Sharing	
Direct Costs			
Facilities & Admin Costs (Indirect)			
Total Costs			

**SALARIED PERSONNEL BUDGET SUMMARY:**

Personnel	Term	% of Effort	Type	Salary
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**CHECKLIST (to be completed by project leader)**

- Human subjects utilized?  Yes  No If Yes, approval must be obtained from IRB before research begins  
Status:  Will submit  Pending  Approved on date: \_\_\_\_\_
- Animals utilized?  Yes  No If Yes, approval must be obtained from IACUC before research begins  
Status:  Will submit  Pending  Approved on date: \_\_\_\_\_
- Recombinant DNA utilized?  Yes  No If yes, approval must be obtained from Biosafety Committee
- Radioactive materials, hazardous or regulated waste utilized?  Yes  No If yes, RSO approval \_\_\_\_\_ signature/date
- Potential conflict of interest involved?  Yes  No If yes, state conflict \_\_\_\_\_
- Significant Use of IT Resources Required?  Yes  No Description of resources \_\_\_\_\_
- If yes, has project been reviewed by ITS?  Yes By whom: \_\_\_\_\_  No  N/A
- Project Type? (check one)  Applied Research  Basic Research  Public Service  Instruction  University Support
- Subcontracts required?  Yes  No If yes, list subcontractor \_\_\_\_\_
- Faculty, A&P, USPS contracts required?  Yes  No If yes, list position(s) \_\_\_\_\_
- Additional space required?  Yes  No If yes, describe the number and kinds of space(s) needed \_\_\_\_\_
- College space will be assigned.  Yes  No Dean's Approval \_\_\_\_\_ signature/date
- NOTE: If college cannot assign any space, the grant must include funds to lease space

**THE OFFICE OF RESEARCH AND SPONSORED PROGRAMS RESERVES THE RIGHT TO WITHDRAW THIS PROPOSAL IF THERE IS NOT ADEQUATE TIME TO REVIEW / REVISE PRIOR TO SUBMISSION TO THE AGENCY**

This proposal is in accord with policies, capabilities, and interests of the Department/College; and I agree to the commitment of resources and faculty detailed in the proposal budget.

If box is checked, proposal includes a CAS Exemption Form. All parties signing below agree that it is appropriate to directly charge CAS items.

\_\_\_\_\_  
PI signature/date

\_\_\_\_\_  
CCEC Dean signature/date

\_\_\_\_\_  
ME Chair signature/date

\_\_\_\_\_  
Assistant Vice President for Research signature/date

\_\_\_\_\_ RDC