



Clafin University Proposal Approval Form (PAF)

Finalized proposals should be submitted to the Sponsored Programs Office with this form signed through the Vice President at least five (5) working days prior to the submission deadline. Rev. Jan. 2011

Date Submitted to SPO:	SPO Proposal #	Date Received in SPO:
Proposal Submission Deadline:	SPO Contact Person:	
PI/PD:	Department:	
Telephone:	Fax:	Email:

Proposal Title:

Sponsor:

Sponsor Address:

Program Period: _____ to _____ Type: New Continuation Revision Supplemental

Type of Activity: Public Service Academic Support Other *Specify: _____*
 Research Curriculum/Instruction Student Development/Support
 Operations and Maintenance Scholarships/Fellowships Construction/Renovation

Project Abstract: (3,158 characters with spaces maximum OR attach)

Will this Project: **(Check all that apply; additional approval forms may be needed.)**

- Involve Human Subjects? *List: Date of IRB Approval: _____ IRB Training Completed on: _____*
- Involve Invertebrate or Vertebrate Animals? *Date of Vertebrate Animal Protocol Approval: _____*
- Involve Radioactive Materials? *Date of Protocol Approval: _____*
- Involve the use of Recombinant DNA Technology? *Identify host organism and vector: _____*
- Require space, equipment or other support beyond that currently available in the department?
If yes, attach a description of requirements and plans to meet these needs. Attached: Yes No
- Require new construction or renovation? *If yes, attach a description of approved requirements and plans.*
- Include a subcontract? *If yes, attach subcontract budgets and justifications. Attached: Yes No*

Proposed Budget: (Attach budget summary. Totals fields will auto-calculate.)

	Year One	Year Two	Year Three	Year Four	Year Five	Total
Direct Costs	\$0	\$0	\$0	\$0	\$0	\$0
Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Request	\$0	\$0	\$0	\$0	\$0	\$0
Cost Share*	\$0	\$0	\$0	\$0	\$0	\$0

***If match or cost share is proposed, applicant must complete and submit the Cost-Share Approval form.**

List Principal Investigator(s)/Project Director(s), Co-Investigators/Co-Directors and the percentage of effort to be contributed to the proposed project by each. Include paid, unpaid, release time and cost-shared effort.

Name	Position in this Program	% of Effort

RESPONSIBILITIES OF PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR AND CU COLLABORATORS:

It is understood that if this proposal results in an award results from this proposal, the Principal Investigator/Project Director will perform the administrative duties associated with the project.

Your signature certifies that:

- You have read and followed the Claflin University Sponsored Programs Office policies and procedures in the preparation of this proposal;
- Your proposal has been submitted with final approval from authorized university officials; and
- All supporting documentation is accurate.

NOTICE: If an individual receive compensation as the result of a grant or contract award, all CU approved hiring policies and procedures must be followed. For more information, contact Human Resources.

APPROVAL SIGNATURES

Requested by:	Date:
Approved by Department Chair:	Date:
Approved by Dean:	Date:
Approved by Appropriate Vice President/Special Designee:	Date:
Approved by SPO Director:	Date:
Approved by President:	Date:

Notice: Proposals are to be submitted to the Claflin University Sponsored Programs Office at least five working days prior to submission deadlines. Failure to meet this deadline may jeopardize the on-time submission of the proposal. Proposals not meeting this deadline shall be submitted with conditional approval only. In these cases, the Principal Investigator/Project Director shall be responsible for making appropriate changes to the proposal later. If subsequent review reveals that the proposal is incomplete, contains errors, inaccuracies, misrepresentations or does not conform to University or sponsoring agency requirements, the Sponsored Programs Office may withdraw the proposal.

Date of Submission:	Mode of Submission:
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