



OSP Proposal Number:

OSP Contact Person:

Submit/Resubmit to OSP Date(s):

Date/Mode of Transmit. to Agency:

Internal Approval Form (IAF)

Preliminary / Pre-proposal Submissions: Complete only the items marked with an \* asterisk. All other submissions must complete the entire form.

\*I. Principal Investigator (PI) or Program Director (PD) Information

Name, Designation, Address, Phone, Fax, E-mail, School, Department, Citizenship Status (specify)

\*II. SPONSOR/AGENCY INFORMATION

CFDA No. / BAA No. / Agency Proposal No., Agency Deadline Date/Time, Postmark/Due at Agency Date, Sponsor Type, Sponsor's Name, Point of Contact Name, Phone Number, Full Address

III. PROPOSAL INFORMATION

\*PART A

Proposal Title, Start Date, End Date, Proposed Period of Performance, Type of Funding, Type of Program Proposed, Sponsor Request \$, NSU Match/Cost Share, Partner Match/Cost Share Request \$, Total Request \$, Brief Abstract (Attach separate sheet if necessary.)

Part B

- 1. Proposed Products(s) Check all that apply: Book, Journal Article, Report to Sponsor, Other:
2. Does the program involve use of the following? Check all that apply. Human Subjects, Animals, Hazardous Materials, Subcontractors, Collaborations
3. Do you anticipate generating Intellectual Property? Yes, No
4. Is additional equipment required in this program? Yes, No
5. Does this program include any construction? Yes, No
6. Is space available for the duration of the program? Yes, No

**\*Part C**

List Co-Principal Investigators/Co-Directors who will participate.

<u>NAME</u>	<u>CITIZENSHIP STATUS</u>	<u>POSITION IN THIS PROGRAM</u>	<u>PERCENT OF EFFORT (%)</u>

**Part D**

**Summary of Proposed Budget**

Type of Budget (check one):      Single Year      Multiple Year  
 Are matching funds requested?      Yes      No

*All NSU matching funds must be fully described in chart below as to amount and source.*

	<u>Sponsoring Agency</u>	<u>NSU Matching</u>			<u>Other Partner (Identify)</u>	<u>Total</u>
		<u>Cash Match</u>	<u>In-Kind Match</u>	<u>Budget Code</u>		
A. Salaries & Wages						
B. Employee Benefits						
C. Supplies & Materials						
D. Equipment						
E. Travel						
F. Contractual Services						
G. Student Costs						
H. Consultants						
I. Other (Detail Below)						
Total Direct Cost						
Total Indirect Cost						
Enter Rate Here						
<b>Grand Total</b>						
<i>Percent of Total</i>	%		%		%	

Detail Other for Sponsor:

Detail Other for NSU:

NOTICE: Final proposals are to be submitted to the Norfolk State University Office of Sponsored Programs at least five working days prior to agency deadlines. Failure to meet this deadline may jeopardize the on-time submission of the proposal. A fully executed Internal Approval Form (IAF) must accompany all proposal submissions with appropriate approvals. For proposals submitted without appropriate approvals, the Office of Sponsored Programs has the authority to withdraw proposals from sponsor consideration.

\_\_\_\_\_  
 \*Requested by PD/PI      Date

\_\_\_\_\_  
 \*Approved by Appropriate Vice President/Special Designee      Date

(\*All proposals must have approval from the appropriate Vice President when a University match is requested.)

\_\_\_\_\_  
 \*Approved by Department Head      Date

\_\_\_\_\_  
 Approved by Dean/Director      Date

\_\_\_\_\_  
 Approved by Office Sponsored Programs      Date

**Notice: Submissions without all required approvals will not be processed by OSP.**