



(OSP) Use Only	
Proposal #	GA
OSP Submit Date(s)	
Agency Date & Mode	

Office of Sponsored Programs OSP

Internal Approval Form (IAF)

Final proposals are to be submitted to the NSU OSP in final format at least five working days prior to agency deadlines. Failure to meet this internal deadline jeopardizes the on-time submission of the proposal. A fully executed Internal Approval Form (IAF) must accompany all proposal submissions. This form / approval is not valid if not accompanied by a full proposal.

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

Name	Designation (PI / PD / Other)		
University Address to include Building	Cell Phone / Office Phone	Fax	E-mail
Department	College/School/Division	Citizenship Status (US Cit./Perm. Res.)	

II. AGENCY / SPONSOR INFORMATION

Agency's DUC#	Agency's O*UJ] [ic} a Aq	Agency's MR, HBCU-UP, RIA
Agency Name	Fed./State/Corp./Found.	
Full Address	Phone Number	

III. PROPOSAL INFORMATION

Proposal Title			
Start Date	End Date:	Type of Funding (Grant/SubContract/MOU)	Type of Program Proposed (Research/Equip./Develop./Service/etc.)
Proposed Period of Performance			
A. Sponsor Request \$	B. NSU Cost Share Request (Match / In-kind, etc.)	C. Other Third Party Cost Share Request \$	Total Amount Requested (A+B+C)

Brief Abstract: A brief abstract or mandatory summary of your project **MUST** be attached to this IAF upon submission to OSP. List identified or potential external partners, collaborators, subawardees below etc.:

Does the program involve use of the following? Check all that apply. *Additional reviews are required.

Human Subjects* _____ Animals* _____ Hazardous Materials* _____ Subcontractors _____ Collaborations _____

Do you anticipate generating Intellectual Property? Yes _____ No _____ Is space available for the duration of the program? Yes _____ No _____

Is additional equipment required in this program? Yes _____ No _____ Does this program include any construction? * Yes _____ No _____

Identify location of space _____ If yes, approval from A. V. P./ Facilities Management is required.

List Co-Principal Investigator(s) / Co-Director(s) who will participate in this effort.

* Are there any spousal or familial relationships who will participate in this effort? If yes, disclose possible conflict of interest below.

Name	Citizenship Status	Familial Relationship / COI	Position in Program	Release Time or Percent of Effort (%)
				AY _____ Sum _____
				AY _____ Sum _____
				AY _____ Sum _____

Special Note (COI) _____

IV. BUDGET (SUMMARY)

Type of budget: Single Year Budget _____ Multiple Year Budget _____ If multiple, indicate number of years: _____

Are you the Prime or a Subcontractor? _____ Prime _____ Subcontractor

Are matching funds required by the sponsor? ¹ Yes _____ No _____ Approved by: _____

¹ All NSU matching funds must be fully described in chart below as to amount, source and the IAF requires the approval of the appropriate party.

	Amount Requested from Sponsoring Agency	Requested from <u>Norfolk State University</u>				Amount Requested from Other 3rd Party	Total Amount Requested from all Sources
		* Cash Match \$\$	& Budget Code	In-Kind	& Budget Code		
Salaries & Wages			-		-		
Fringe Benefits			-		-		
Supplies & Materials			-		-		
Equipment			-		-		
Subawards			-		-		
Travel			-		-		
Contractual Services			-		-		
Consultants			-		-		
Student Tuition Cost			-		-		
Student Fees Cost							
Student Stipend Cost							
Student Room & Board Cost							
Student Travel Cost			-		-		
² Other NSU			-		-		
² Other Sponsor			-		-		
Total Direct Cost							
Indirect Cost @__%							
Grand Total							

² Other Sponsor and/or Other NSU : Attach additional page with details.

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To forward this form electronically, you must use the PDF version. For those without electronic capabilities, sign and route via e-mail for required signatures.

Click here to forward to a Department Head

 PI/PD Date

Department Head/Supervisor Date Approved Disapproved³

Click here to forward to a Dean / Director

Dean/Director Date Approved Disapproved³

Click here to forward to the Office of Sponsored Programs

Office of Sponsored Programs Date Approved Disapproved³

³ Please forward to next signatory regardless of approval status.