

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

CFDA/BAA/RFP/DOC#	Agency's O' aq *AU]] [ic} a A/a	Agency's O' aq *AU]] [ic} a A/a	Agency's O' aq *AU]] [ic} a A/a
Agency Name	Agency's O' aq *AU]] [ic} a A/a	Agency's O' aq *AU]] [ic} a A/a	Agency's O' aq *AU]] [ic} a A/a
Full Address	Phone Number	Agency's O' aq *AU]] [ic} a A/a	Agency's O' aq *AU]] [ic} a A/a

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-Is
Do you anticipate generating Intellectual Property?	Yes ____ No ____	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

Are you the Prime or a Subcontractor? Prime Subcontractor If multiple, indicate number of years:

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.

A brief abstract or summary of your project MUST be attached to this IAF upon submission to OSP.

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

Click here to forward to a Dean / Director

Click here to forward to the Office of Sponsored Programs

3 Please forward to next signatory regardless of approval status.

PI/PD	Date		
Department Head/Supervisor	Date	Approved	Disapproved ³
Dean/Director	Date	Approved	Disapproved ³
Office of Sponsored Programs	Date	Approved	Disapproved ³