DUQUESNE UNIVERSITY

Proposal Approval Form
Office of Research

Proposals must be ready to submit a minimum of 3 days prior to the deadline. Email completed form to PAF@duq.edu.
If there are multiple PIs (not Co-I), each PI must complete a separate Proposal Approval Form.

Principal Investigator: _____ **School**: _____ **Dept**: _____

Contract Type: 9-Month: ☐ **12-Month**: ☐ **Email**: _____ **Extension**: ____ **External Deadline**:_____

Sponsor:_____ **Link to FOA**: _____ **Project Period**: _____ To _____

Project Title:_____

Proposed Effort ____% Are you requesting course buyout? ____ **NOTE**: If proposal above 12.5% is supplemental income, please contact the Office of Research & Innovation to discuss agency guidelines and course buyout.

Co-PI/Co-I: _____ **Co-PI/Co-I: Effort**: ___ % **Co-PI/Co-I School**: _____**Co-PI/Co-I Dept**: _____

Will the project continue after funding period? Yes ☐ No ☐ **If so, estimated cost to Duquesne University**? $_____

Is this project a subaward? _____ **If YES, who is the prime submitting institution**?_____

What is Duquesne University's portion of the award? $_____

Will Duquesne issue a Subaward to another entity with these funds? ____**Name of Subawardee(s)**: _____

Total Request: $_____ **Direct Costs:** $_____ **Indirect Costs** $_____

Does this project involve any of the following? A "yes" to any of these questions may require further action by prior to submission.

	Yes		Yes
Matching Funds (Pages in the proposal that outline the match _____)	☐	Human Subjects	☐
Cost Sharing (Pages in the proposal that outline the cost share _____)	☐	Laboratory animals	☐
Is there a Conflict of Interest?	☐	Recombinant DNA	☐
Are there foreign collaborators associated with this proposal	☐	Radioactive Materials	☐
Does your research require a BSL2 laboratory and practices?	☐	USDA/CDC Select Agents	☐

Other Support

Investigators must disclose all forms of "other support" both domestic or foreign. When requested, other support is required for all individuals designated in an application as senior/key personnel-those devoting measurable effort to a project.

Certification of Principal Investigator(s), Co-PIs, and Individual Fellowship Applicants:

(1) I (We) certify that the information submitted within this application is true, complete and accurate to the best of my (our) knowledge. (2) I am (We are) aware that any false, fictitious, or fraudulent statements or claims may subject the PI(s) to criminal, civil, or administrative penalties. (3) I (We) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Additional certifications for Individual Fellowship Applicants:

I (we) certify that (1) that the Sponsor will provide appropriate training, adequate facilities, and supervision if a grant is awarded as a result of the application; (2) that the Fellow has read the Ruth L. Kirschstein National Research Service Award Payback and will abide by the Assurance if an award is made; and (3) that the award will not support residency training.

_____ _____

Principal Investigator Date Fellowship Sponsor Date

Approval of Dean and Department Chair

Deans and Department Chairs certify their review and approval of 1) eligibility of proposed personnel to participate; 2) the commitment of personnel time and effort, space, equipment, and matching funds (if applicable).

_____ _____

Department Chair Date Dean Date