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-PIs), each PI must complete a separate Proposal Approval Form.

Principal Investigator: _____ Percent Effort of PI: ___ % School: _____

Department: _____ Email: _____ Extension: _____ Proposal Deadline:_____

Sponsor:_____Project Period: _____to _____ Total Request: $_____

Project Title: _____

Co-PI Name: _____ Co-PI Effort: ____% Co-PI School: _____ Co-PI Dept: _____

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

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

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

Will Duquesne issue a subaward to another entity with these funds? ☐ Name of Subawardee(s): _____

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

	Yes
Matching Funds (Pages in the proposal that outline the match _____)	☐
Cost Sharing (Pages in the proposal that outline the cost share _____)	☐
Are you requesting course buyout?	☐
Human Subjects	☐
Laboratory animals	☐
Recombinant DNA	☐
Radioactive Materials	☐
USDA/CDC Select Agents	☐
Is there a Conflict of Interest?	☐
Are there foreign collaborators associated with this proposal?	☐

Other Support

Investigators must disclose all forms of "other support", both domestic or foreign. 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 (if applicable) Date

_____

Principal Investigator 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