

CSUDH Proposal Approval Form

DUE DATE

Project Director

Dept./College

Co-Director

Dept./College

Project Title

Budget Period (start/end dates)

Funding Agency

Brief Project Summary

First Year Funding Request:

Indirect Cost Rate and Base	<input style="width: 100%; height: 100%;" type="text"/>	Sponsor:	Cost-Share:	Total:	
Cost Share Required?	<input style="width: 100%; height: 100%;" type="text"/>	Direct Costs:	Direct Costs:	Direct Costs:	
		Indirect Costs:	Indirect Costs:	Indirect Costs:	
		Total Budget:	Total Budget:	Total Budget:	

Proposal Type: New Renewal Supplement Continuation Resubmission

Purpose: Research Training/Instructional Equipment Other

Sponsor Type: Federal State Corporation Foundation Other

If awarded, the recipient of the grant or contract shall be the CSUDH Foundation and not the project director, department of constituent unit. Please note that affirmative answer to items 12-20 of the checklist below will prompt a project review by CSUDH Risk Management and Environmental Health and Safety.

Checklist:

Human Subjects:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
Currently suspended, debarred or declared ineligible by any Federal agency:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	University computing facilities: <input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase of equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontract to another organization: <input type="checkbox"/> Yes <input type="checkbox"/> No	New/revised curriculum: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional office/space needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Facility remodeling or equipment installation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shipping or bringing equipment to a foreign country: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Collaborating with foreign colleagues: see page 2 <input type="checkbox"/> Yes <input type="checkbox"/> No	Travel outside of U.S.: see page 2 <input type="checkbox"/> Yes <input type="checkbox"/> No	radioactive materials or isotopes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recombinant DNA technology: <input type="checkbox"/> Yes <input type="checkbox"/> No	hazards and carcinogens: <input type="checkbox"/> Yes <input type="checkbox"/> No	EO 1051 Liability Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Compressed gas and air cylinders: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lasers: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Operation of a medically regulated facility including handling of blood and human fluids: <input type="checkbox"/> Yes <input type="checkbox"/> No	Substances controlled by the U.S. Drug Enforcement Agency or the U.S. Food and Drug Administration: <input type="checkbox"/> Yes <input type="checkbox"/> No		

If your checklist response on the previous page to collaborating with foreign colleagues or international travel was affirmative, you need to be aware of EO 1080 (International Agreements) and EO 1081 (Study Abroad and Exchange Programs).

EO 1080 stipulates in part that all campuses entering into international agreements have as its delegated authority the campus president whose signature is required for approval. International agreement requirements must also include the approval of the CSU Office of the Chancellor before they are signed by the president.

EO 1081 stipulates in part that that all campuses entering into study abroad/exchange programs have as its delegated authority the campus president whose signature is required for approval. International student exchanges and study abroad through through non-CSU program providers require the approval of the CSU Office of the Chancellor before they are signed by the president.

Both of these documents can be viewed on the Office of Research and Funded Projects web site at:

<http://www4.csudh.edu/orfp/publications/index>

It is strongly advised that principal investigators who propose international activities as part of their submission begin the approval process several months in advance of when needed for their proposal as the campus president and CSU Office of the Chancellor may take time to accommodate their requests. In addition, training may be necessary for principal investigators and students. The principal investigator should consult with his/her dean about these requirements for international activities before submission.

Salary Requests:

CSUDH is required to request from all granting agencies full (actual) salary and benefit costs faculty/employees working on a grant. Do the reimbursement costs in this grant reflect full (actual) costs? Yes No

If no, a *Faculty/Employee Full Cost reimbursement Waiver Request Form* must be completed and approved.

Faculty Release Time/Overload Request:

Does this proposal request funds for release time or overload time? Yes No

If yes, please note whether it is released time or overload and identify names, departments, percentage time or number of units and time period in the text box below or note that it appears in the attached budget/budget justification:

Release or overload time:

Signatories, please sign and date below. The Office of Graduate Studies and Research will continue the routing process to the other signatories.

Principal Investigator	<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>	Chair	<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>
Dean	<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>	Director, Contracts and Grants Administration, CSUDH Foundation	<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>
Vice President for Administration and Finance	<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>	Dean, Office of Graduate Studies and Research	<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>
Vice President for Information Technology	<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>	Vice President for University Advancement (if grantor a foundation)	<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>

CSUDH Cost-Matching and Cost-Sharing Proposal Clearance Addendum

Time and Effort

If applicable, please indicate on a separate sheet attached to this form the name, WTU or percentage time, dollar value and the time period during which the time and effort will take place.

Not Applicable

University Cash Match, i.e. from internal sources

If applicable, please indicate on a separate sheet attached to this form the dollar value, source and time period during which any University cash match will take place.

Not Applicable

University In-Kind Cost-Share other than time and effort

If applicable, please indicate on a separate sheet attached to this form the dollar value, source and time period during which University in-kind contributions to this project or research (equipment, software, processing, supplies, materials, facilities, etc.) will take place.

Not Applicable

External In-Kind Contributions to this project or research

If applicable, please indicate on a separate sheet attached to this form the dollar value, source and time period during which external in-kind contributions to this project or research (equipment, software, processing, supplies, materials, facilities, etc.) will take place.

Not Applicable

Name and signature/s of Dean, vice-president or other authorized party

Dean

Date

Vice President

Date

Other Authorized Party

Dat

Space Request Form

Not Applicable

Date

- Routing of Request
 1) Requesting Department
 2) Dean/Associate VP
 3) VP for Requesting Department
 4) VP Releasing Space for Allocation
 5) Director of Facilities Planning and Construction Management

Request Type

- New Space
 Change in Occupancy
 Additional Space

Requesting Department

Requestor's Name

Email Address

Telephone Number

Signature/Date

Dean/Associate VP

Signature/Date

Vice President's Approval Requesting Space

Vice President's Approval Releasing Space for Allocation

Vice President

Vice President

Signature/Date

Signature/Date

Preferred Location

Date Space Needed

Secondary Location

Other Location(s)

Purpose and Justification of Need

Type of Usage Classroom/Lab Faculty Office Instr. Support Grant * (see below) Non-State Other

If available, please attach the cost estimate for space modification Cost Estimate of Modification(in dollars)

Grant Name

Grant Amount

Grant Number

Funding Period *

Space Requirements (Please place a check mark in applicable box for affirmative answers. Questions: Jon Scheffler, x2139)

Building/ Room	Number of Faculty/Staff Student Stations	Assignable Square Footage Required	Data Network Connections	Telephone Outlets	MEP Requirements	Structural	Current Use	Proposed Use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requested equipment and/or fixtures needed. Also, list any special requirements or other needs.

Facilities Planning Advisory Committee (FPAC) Recommendations and Presidential Approval

FPAC Recommendation

Signature of Chair, FPAC

Date

Space Request Number and Project Number are to be completed by FPAC staff only

Space Request Number

Project Number

CSUDH Disclosure of Financial Interests Certification Form

I. Project Information

Investigator's Name

Department/College:

Project Title

Sponsoring Agency

PHS

Subcontract of PHS funds

NSF

Other (Please specify below)

Other:

II. Type of Proposal Disclosure

New Proposal

Supplemental Funding

No Cost Time Extension

Renewal/Competing Continuation

Annual Reporting/Non-Competing Continuation

New Investigator Added to Project

Change in Financial Interest

III. Principal Investigator Disclosure

Note: For the purpose of this disclosure form, **Institutional Responsibilities** means a principal investigator's (PI) teaching/education, research, outreach and University public service on behalf of CSUDH that are in the course and scope of the PI's CSUDH appointment.

Have you, your spouse or registered domestic partner and/or dependent children received income or payment for services in the past 12 months or expect to receive income or payment in the next 12 months from an external entity or any other payments and consideration in value **related to your institutional responsibilities** exceeding \$10,000 (\$5,000 for PHS projects) when aggregated?

Yes

No

Have you, your spouse or registered domestic partner and/or dependent children received investment income or equity in the past 12 months or expect to receive investment income or equity dividends in the next 12 months from an external entity **related to your institutional responsibilities in value** exceeding \$10,000 (\$5,000 for PHS projects) when aggregated or five percent (5%) for equity proceeds (any equity for PHS projects)?

Yes

No

Have you, your spouse or registered domestic partner and/or dependent children received payments exceeding \$10,000 (\$5,000 for PHS projects) for intellectual property rights and/or interests **related to your institutional responsibilities**?

Yes

No

Have you, your spouse or registered domestic partner and/or dependent children been a director, officer, partner, trustee or employee in the past 12 months or expect to become a director, officer, partner, trustee or employee in the next 12 months of an external entity related to your institutional responsibilities?

Yes

No

Have you received **any** travel reimbursement or been sponsored for travel in the past 12 months by an external entity **related to your institutional responsibilities** (for PHS projects only)?

Yes

No

If yes, please indicate the purpose of the trip, sponsor or organizer, destination and duration below.

Purpose

Sponsor/Organizer

Destination

Duration

I certify under penalty of perjury that this is a complete disclosure of all my significant financial interests related to my institutional responsibilities and I have used all reasonable diligence in preparing this financial interest disclosure and to the best of my knowledge it is true and complete. I also acknowledge that by signing my name below, it is my responsibility to disclose within 30 days any new significant financial interests obtained during the term of the above proposed project.

Investigator (signed upon proposal submission)

Date

Investigator (signed upon receipt of award)

Date

Investigator (PHS, annually)

Date

Investigator (financial interest changes)

Date

GUIDANCE

How often does the CSUDH Disclosure of Financial Interests Certification form need to be submitted to the Graduate Studies and Research Office?

PHS and Non-PHS Agencies Using the PHS-FCOI Regulations (see list below) - Submission of the CSUDH Disclosure of Financial Interests Certification Form is required when grant is submitted, on an annual basis, when a new Investigator is added to the project, or when an Investigator's financial interests increase.

All Other Federal Agencies - Submission of the CSUDH Disclosure of Financial Interests Certification Form is required when grant is submitted, when a new Investigator is added to the project, or when an Investigator's financial interests increase.

Please note the disclosure form replaces the need for the Sponsored Program Compliance Verification Form mentioned in PM 2015-02.

PHS Agencies

Agency for Healthcare Research and Quality (AHRQ)
Agency for Toxic Substances and Disease Registry (ATSDR)
Centers for Disease Control and Prevention (CDC)
Food and Drug Administration (FDA)
Health Resources and Services Administration (HRSA)
Indian Health Service (HIS)
National Institutes of Health (NIH)
Office of the Assistant Secretary for Health (OASH)
Office of the Assistant Secretary for Preparedness and Response (ASPR)
Office of Global Affairs (OG)
Substance Abuse and Mental Health Services Administration (SAMHSA)

Non-PHS Agencies Using the PHS FCOI Regulations

Alliance for Lupus Research (ALR)
Alpha- I Foundation
American Asthma Foundation
American Cancer Society (ACS)
American Heart Association (AHA)
American Lung Association (ALA)
Arthritis Foundation (AF)
Cure PSP
Juvenile Diabetes Research Foundation (JDRF)
Lupus Foundation of America (LFA)
Patient-Centered Outcomes Research Institute (PCORI)
Susan G. Kormen for the Cure

Definitions

Who Must Disclose? Any individual meeting the definition of "Investigator", which means the project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of funded research or educational program (or proposed for research or educational program funding), which may include, for example, collaborators or consultants, and any other individuals (including personnel from other institutions) who are involved in accomplishing project objectives. "Investigator" may also include students, graduate and undergraduate, and other personnel who may be listed as authors on project results, even if they are not paid from the project.

Review Process

The Office of Graduate Studies and Research Coordinator will review the disclosure information to ensure completeness and consistency with prior disclosures. Information provided in the Disclosures of those Investigators having a Related, Significant Financial Interest and additional appropriate documentation shall be forwarded to the Dean of Graduate Studies and Research. The Dean of Graduate Studies and Research reviews the conflict of interest and, in consultation with the chair of the Academic Senate makes a recommendation as to how a management plan should be developed to reduce or eliminate potential conflicts of interest or forfeit the award.

Records: The information provided herein may be released or transmitted to the sponsor, including federal agency representatives, and according to the California Public Records Act, may also be released to the public, upon request. These records will be retained for 3 years after termination of the sponsored project or until resolution of any action by the sponsor, whichever is greater.

Please call the Office of Graduate Studies and Research Coordinator for any questions. The number is (310) 243-2136.