

POLICY MEMORANDUM
Office of Grants and Contracts
Policy for the Utilization of the Proposal Approval Record

To: Vice-Presidents, Chancellor, Associate Vice-Presidents, Deans, Directors, Faculty, and Administrative Staff

From: Barbara Sterry, Executive Director

Date: Revised September 2010

This Policy Memorandum defines the policy and procedures concerning the **required** use of the **Proposal Approval Record (PAR)** in conjunction with **ALL** proposals seeking external funding in support of sponsored projects, regardless of funding source. This policy is *effective immediately*.

I. Purpose

The utilization of the **PAR** will formally standardize and document the review and approval of **ALL** proposals to external funding agencies which seek financial support for various research, training, and community service activities directly related to the University's mission and goals.

II. Scope

- A. The **PAR** is the official document that, when completed and executed, provides the necessary and formal documentation of University approval and authorization for **specific research, training, community service, or other similar proposals** for forwarding to potential sponsoring agencies in order to seek and obtain project external funding support. It is to be utilized by all colleges/centers/departments throughout the University.
- B. External funding support includes all external agencies, such as; federal, state, and local government; private and public corporations; and foundations. **Support for University development initiatives are not included in this grouping.**

III. General

- A. The **Principal Investigator (PI) or Project Director (PD)** is responsible for the initiation and completion of the **PAR**. Each section is self-explanatory.
- B. The **PI/PD** is to complete the **PAR**:
 - Section I-A:** Proposal Programmatic Data,
 - Section I-B:** Proposal Financial Data,
 - Section I-C:** Proposal Compliance Data, and
 - Section II:** Authorizing Approvals
 - Item 1.** PI/PD signature
 - Item 2.** College/Center/Department dean signature
 - Item 3.** Chancellor, Health Professions Division signature (if applicable)
- C. The **PAR** includes basic instructions for form completion. It must be noted that:
 - (1) **NO proposal** will be submitted to any sponsoring agency without review and approval as provided by the **PAR**.
 - (2) **NO proposal** will be processed unless **both** the PI/PD and dean's signatures appear in Section II (as well as the HPD Chancellor's signature for all proposals from HPD).

IV. Specific Provisions

- A. PIs/PDs are encouraged to call the Office of Grants and Contracts (OGC) as questions arise in the completion of the **PAR**. The **PAR** was designed for ease of use in meeting the basic criteria for proposal review and approval.
- B. Under **Section I-A, Proposal Programmatic Data**, each of the requested items of information is self-explanatory. Note that under **Collaborating Agency/Organization**, the name, address, and contact party is requested if a substantial portion of the proposed work may result in a subgrant or subcontract, or the use of a major collaborator **outside the university**, such as a consultant, where more than 50 percent of the work will be accomplished.
- C. Under **Section I-B, Proposal Financial Data**, indicate the funding requested in a total cost format.
- D. Under **Section I-C, Proposal Compliance Data**, indicate, as appropriate, which compliance concern is required by the sponsoring agency. This will aid in the review process and alert OGC as to what assurances/certifications are required in order to submit the proposal.
- E. Under **Section II, Authorizing Approvals**, the PI/PD is **required** to complete items 1 and 2, as well as item 3 for proposals from HPD colleges. Item 4 will be completed by the OGC.



PROPOSAL APPROVAL RECORD

INSTRUCTIONS

1. The Principal Investigator (PI) or Project Director (PD) is responsible for the completion of this form.
2. This form **MUST** be attached to the proposal along with any agency announcements, RFPs, RFAs, etc., and forwarded to the Office of Grants and Contracts (OGC) at least **FIVE WORKING DAYS PRIOR** to the agency due date.
3. This proposal **MUST** be reviewed by the College/Center/Department dean and approved by signature in Section II. [Note: NO FURTHER PROCESSING ACTION WILL BE TAKEN WITHOUT THIS APPROVAL.]
4. Upon proposal review and approval, OGC will complete final processing.

SECTION I – Proposal Data

A. Proposal Programmatic Data

PI/PD: _____ **College/Center/Department:** _____

PI Proposed Effort: _____

Other Named Personnel Committing Effort to the Project (excluding students)

Note: An effort commitment, expressed as a percentage of total effort, is the time a person has agreed to work on a sponsored project, regardless if the time is compensated from the sponsored project or cost shared by the university. If a person is named in the proposal as committing effort but that effort is not quantified, please note.

Other Personnel	% effort proposed	Other Personnel	% effort proposed

Agency Due Date: _____ **Postmarked?** _____ **Received?** _____ **# of Copies:** _____

e-Submission? **Method:** N/A **Follow-Up Steps:** _____

Proposal Title: _____

Proposed Start Date: _____ **End Date:** _____ **Duration:** ___ Year(s) / ___ Month(s)

Instrument of Award: Grant Contract Subcontract Cooperative Agreement

Proposal Type: New Renewal Continuation Supplemental Revision

Funding Type: Federal State Local Government Private (Corporate/Foundation)

CFDA#: _____ CSFA#: _____

Funding Allocation: Research Teaching/Training/Technology Community Service

Equipment Fellowship Facilities

External Sponsor: _____

Address: _____

Contact Person: _____ **Phone:** _____ **Ext.** _____

Project Site: Main Campus Oceanographic Center Off-Campus (specify address below)

Address: _____

Collaborating Agency/Organization: _____

Address: _____

Contact Person: _____ **Phone:** _____ **Ext.** _____

Is this project being submitted to another sponsoring agency? (CHECK IF YES)

If yes, please list the agency or agencies: _____

B. Proposal Financial Data

Total Project Funding

	External Sponsor Funds	NSU Funds	Other Source
Total Direct Costs	_____	_____	_____
Total Indirect Costs	_____	_____	_____
Total Project Costs	_____	_____	_____
Indirect Cost Rate		<input type="checkbox"/> S & W	<input type="checkbox"/> MTDC <input type="checkbox"/> TDC
Fringe Benefit Rate	_____		

If any cost sharing will be committed to this proposal, the PI/PD must also complete the Cost Sharing Approval form (see www.nova.edu/ogc/forms.html)

C. Proposal Compliance Concerns

1. Does the project involve research? (CHECK IF "YES")

Research is defined as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Some service/training projects may involve research. For additional guidance, contact the IRB office at x25369 or irb@nova.edu.

2. Does the project involve human subjects research? (CHECK IF "YES")

The definition of a **human subject** is a living individual about whom an investigator conducting research obtains (1) data or samples through intervention or interaction with individual(s), or (2) identifiable private information. Before beginning **any** activities involving human subjects research, you will need Institutional Review Board review and approval. For guidance, please contact the IRB office (x25369 or irb@nova.edu) or your center/college representative.

3. Does the project involve research using animals? (CHECK IF "YES")

Before beginning **any** activities involving animal research, you will need IACUC review and approval. For guidance, please discuss your project with Appu Rathinavelu (x21382 or appu@nova.edu).

4. Does your project involve the creation or addition to a tissue repository? (CHECK IF "YES")

If so, please contact the IRB office at x25336 or irb@nova.edu for further direction.

5. Does your project involve the extraction of protected health information from a covered entity?
 (CHECK IF "YES")

If so, please contact the IRB office at x25336 or irb@nova.edu for further direction.

6. Does the project involve sources of ionizing radiation, physical, chemical, and/or biohazardous materials? (CHECK IF "YES")

If so, please contact Patrick Hardigan, Chair, HPD Research Committee (x21524 or patrick@nova.edu).

Section II – Authorizing Approvals [1 & 2 required for continued processing, 3 for HPD]

1. I certify that the above information is accurate. I certify that I will obtain all necessary approvals related to human subjects, animals, or biosafety, if applicable to my project, prior to initiating any research activities.

Signature, Principal Investigator/Project Director

Date: _____

2. The commitments to this project are acceptable. This proposal is approved:

Signature, Dean, College/Center/Department

Date: _____

3. I have reviewed this proposal and find it meets university goals and objectives:

Signature, Chancellor, Health Professions Division

Date: _____

Office of Grants & Contracts Use Only

4. *To the best of my knowledge, this proposal meets programmatic, fiscal, and compliance requirements as stated by the sponsoring agency and Nova Southeastern University policies and procedures for proposal submission to external funding sources. I have this date signed the proposal and authorized its forwarding to the sponsoring agency:*

Signature, Executive Director, Office of Grants & Contracts

Date: _____