

**OFFICE OF SPONSORED PROGRAMS  
PROPOSAL APPROVAL RECORD**

**INSTRUCTIONS:** The Principal Investigator/Project Director (PI/PD) is responsible for completing this form in accordance with OSP Policy #7-Proposal Review, Approval, Signature & Submission (see [www.nova.edu/osp/policies](http://www.nova.edu/osp/policies)).

**SECTION I - PROPOSAL DATA**

**A. PROPOSAL STAFFING**

PI/PD: \_\_\_\_\_ PI Proposed Effort: \_\_\_\_\_ Effort Type: \_\_\_\_\_ College/Unit: \_\_\_\_\_  
(Enter as decimal, form will automatically format as percentage) (Cal/Acad/Sum\*)

**OTHER NAMED PERSONNEL:** List only named NSU personnel who are committing effort. An effort commitment, expressed as a % of total effort, is the time a person agrees to work on a sponsored project, whether paid by the sponsor or cost shared by NSU. If effort is not quantified for a named individual in the proposal, put 0%. *If you need to list additional named personnel, use the Supplemental Information Sheet provided.*

Named Personnel (Use Supplemental Information section if necessary)	Role	Effort Type* Cal/Acad/Sum	Effort % Enter as decimal	College/Unit	Personnel Signature**	Dean's Signature**

\*Cal/Acad/Sum - Calendar year, Academic year, or Summer effort. Faculty with 12 month appointments can ONLY have Calendar year commitments.  
 \*\*If Co-PIs/Co-Is are involved on the project, the investigators and their colleges (if more than one) may agree to split recovered Facilities & Agreement (F&A) costs, in accordance with the [F&A Cost Recovery Allocation and Distribution policy](#), and F&A Distribution Agreement (attached). Signature/initials of Dean/delegate and Co-PIs/Co-Is in the table above confirm acknowledgment of the policy and procedure regarding distribution of F&A cost recovery when multiple investigators and/or colleges are involved. Obtain Dean's signature/initials ONLY for personnel outside the PI's College/Unit.

**B. SPONSOR, COMPETITION, and COLLABORATOR INFORMATION**

Funding Allocation: \_\_\_\_\_ Proposal Type: \_\_\_\_\_

Research - includes all R&D activities including training of individuals in research techniques where such activities use the same facilities as other research activities; Instruction (Teaching/Training) means specific instructional or training activity established by the sponsored project. Other (Community Service) - includes health service and community service projects. Other - includes sponsored activity other than research, instruction (teaching/training), and service.

Sponsor Due Date: \_\_\_\_\_ Competition Name/# (if known): \_\_\_\_\_

External Sponsor: \_\_\_\_\_

*External sponsor is the entity that will directly award funding to NSU (i.e., a federal agency if NSU is the lead applicant, or a pass-through entity, such as a University, if NSU is not the lead applicant but will receive a subaward if funded).*

Prime Sponsor: \_\_\_\_\_

*List a prime sponsor, which is the source of funds, only if a University, or other entity, will be NSU's external sponsor above.*

Proposal Title: \_\_\_\_\_

Source of Funds:  Federal CFDA# \_\_\_\_\_  State CSFA# \_\_\_\_\_  Local Gov  Private  Foreign

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_ Instrument of Award: \_\_\_\_\_

Is this submission resulting from a PFRDG award?  Yes  No If "YES" provide NSU Index #: \_\_\_\_\_

Is this project being submitted to other sponsors?  Yes  No If yes, what agency? \_\_\_\_\_

SUBAWARDS (ALSO INCLUDE SUBAWARD PI NAME) AND CONSULTANTS ON PROJECT (if you need additional space, use the Supplemental Information Sheet provided):	Will they receive sponsored funds?	Will they provide match to project?
1. _____	Yes	Yes
2. _____	Yes	Yes
3. _____	Yes	Yes

**C. PROPOSAL FINANCIAL DATA**

**1. Funding Request**

	Requested Funds	Cost Sharing*	
		NSU	Third party
Total Direct Costs			
Total Indirect Costs			
Total Project Costs			

**\*Cost Sharing Instructions:**

Complete Section II if NSU or a third party will provide cost share. A letter from each entity's authorized representative will be required for any third party match.

### C. PROPOSAL FINANCIAL DATA, continued

#### 2. Facilities & Administrative (F&A) Costs (i.e., Indirect Costs) - see [NSU Fact Sheet](#) for current rates

- a. Will greater than 50% of the project be performed in facilities not owned by NSU? Yes No  
*If "yes", the Off-Campus rate (29%) will apply, subject to item 2.b below.*
- b. Does the sponsor restrict or disallow F&A costs?  Yes  No
- b.1 If "Yes", attach evidence & specify sponsor rate: F&A Rate: \_\_\_\_\_ Base: MTDC  S&W  TDC
- b.2 If "No", is NSU's federally negotiated F&A rate being applied?  Yes  No\* If Yes, specify rate
- b.3 \*If "No" to b.2, then indicate proposed F&A rate/base: Rate: \_\_\_\_\_ Base:  MTDC  S&W  TDC  
*If No to b.2, you must submit a separate F&A Waiver form: [http://www.nova.edu/osp/forms/waiver\\_of\\_fa.pdf](http://www.nova.edu/osp/forms/waiver_of_fa.pdf)*

3. Are any faculty/staff included in the proposed budget subject to federal salary cap limits? Yes No  
*If "yes", the proportional amount of salary, based on effort of each individual to the project, must be covered by the College/ Unit (this is not considered cost share). This applies, but is not exclusive to NIH, SAMHSA, AHRQ, CDC, and HRSA. Salary cap information is available at <http://www.nova.edu/osp/resources/nsu-fact-sheet.html>.*

### D. PROPOSAL COMPLIANCE QUESTIONS

1. Does the project involve research?  Yes (if "yes", complete 1a. and 2 below) No  
**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; service/training projects that include program evaluation may require IRB review, but will be classified as Instruction (Teaching/Training) or Community Service (not research) in Section I(B) based on the main activity of the project. For guidance whether a service/training project involves human subjects under item 2 below, contact the IRB office at x25369 or [irb@nova.edu](mailto:irb@nova.edu).
- 1a. Identify the type of research (check one):  Basic Research  Applied Research  Development  
**Basic Research:** directed toward increasing knowledge in science. The primary aim is a fuller knowledge of the subject under study, rather than any practical application of that knowledge.  
**Applied Research:** attempts to determine and exploit the potential of scientific discoveries or improvements in technology, such as new materials, devices, methods, and processes.  
**Development:** systematic use of the knowledge gained from research directed toward the production of useful materials, devices, systems or methods including the design and development of prototypes and processes.
2. Does the project involve human subjects research?  Yes (if "Yes", complete 2a. through 2f. below)  No  
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 (IRB) review and approval. For guidance, please contact the IRB office (x25369 or [irb@nova.edu](mailto:irb@nova.edu)) or your center/college representative.
- 2a. Will the research project involve performing clinical procedures outside of routine care? Yes No
- 2b. Is this a federally-funded clinical trial? (For definitions, go to <http://grants.nih.gov/grants/glossary.htm>)  
 No  Yes, Phase I  Yes, Phase II  Yes, Phase III  Yes, Phase IV
- 2c. Is this a multi-site clinical trial with a single IRB requirement?  Yes  No  
If "Yes", you must contact the Institutional Review Board (IRB) at x25369 or [irb@nova.edu](mailto:irb@nova.edu).
- 2d. Will there be a need to register the project, or is the project registered, on ClinicalTrials.gov?  
 Yes NCT# (if known) \_\_\_\_\_  No
- 2e. Does the research project involve any payments from a pharmaceutical or device company?  Yes  No  
If "Yes", you may need to ensure billing compliance-contact the Office of Health Care Compliance (x24241) for guidance.
- 2f. Will the research project involve individuals who have insurance through a federal health care program (e.g., Medicare, Medicaid, Tricare, Veteran's Affairs)?  Yes  No  
If "Yes", you may need to ensure billing compliance-contact the Office of Health Care Compliance at x24241 for guidance.
- 3a. Will the project use, receive, and/or disclose Protected Health Information?  Yes  No  
**Protected Health Information** means individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.  
If "Yes", you will need to ensure HIPPA compliance - contact the Office of Health Care Compliance at x24241 for guidance.
- 3b. Will the project use, receive, and/or disclose Personally Identifiable Information (PII)?  Yes  No  
**Personally Identifiable Information** means data that could potentially be used to identify a particular individual such as full name, Social Security number, bank account number, passport number, driver's license number, and email address.  
If "Yes", you may have data security requirements - contact OIIT Information Security at [itsecurity@nova.edu](mailto:itsecurity@nova.edu) for guidance.

**D. PROPOSAL COMPLIANCE QUESTIONS, Continued**

4. Does the project involve research using live vertebrate animals or live invertebrate animals that are of the Cephalopod class?  Yes  No  
 Before beginning any activities involving live vertebrate animal research, you must have IACUC review and approval. If "Yes", please contact the IACUC Chair at [NSUIACUC@nova.edu](mailto:NSUIACUC@nova.edu) for guidance and authorization
5. Does the project involve recombinant DNA and/or other biohazardous agents?  Yes  No  
 If "Yes", you will need appropriate Biosafety review/approval prior to beginning any activities involving these materials. Please contact the Institutional Biosafety Committee at [IBC@nova.edu](mailto:IBC@nova.edu) for guidance and authorization.
6. Does the project involve the use of radioactive materials?  Yes  No  
 If "Yes", you will need appropriate review/approval of the Radiation Safety Officer prior to beginning any activities involving these materials. Please contact [RSO@nova.edu](mailto:RSO@nova.edu) for guidance and authorization.
7. Does the project use embryonic stem cells?  Yes  No  
 If "Yes", you will need Embryonic Stem Cell Research Overview (ESCRO) Committee review/approval prior to beginning any research activities. Please contact [ESCRO@nova.edu](mailto:ESCRO@nova.edu) for guidance and authorization.
8. Does the project involve development of intellectual property (e.g., patent, copyright)?  Yes  No  Possibly  
 If "Yes" or "Possibly", please contact the Office of Technology Transfer for further guidance at x27509 or [RTT@nova.edu](mailto:RTT@nova.edu).

**E. FINANCIAL CONFLICT OF INTEREST (FCOI) *Click on: [nova.edu/rtt/fcoi](http://nova.edu/rtt/fcoi) for more information***

If this project is federally funded, or if the sponsor requires financial interest disclosures, the PI and, as applicable, individual Study Team members must complete the appropriate disclosure forms **prior** to proposal submission. Review the policy requirements and forms at <https://www.nova.edu/rtt/fcoi/index.html>.

Have the **required** financial disclosures been completed & submitted to OSP?  Yes  No  N/A-not federal/ no sponsor requirement

**F. EXPORT CONTROL ASSESSMENT**

1. Are there or will there be any restrictions on the publication of scientific or technical information resulting from the project activity?  Yes  No
2. Is the research funded by the U.S. Government **and** are there or will there be specific access and/or dissemination controls resulting from the research?  Yes  No
3. Will the project:
- entail research involving a military application?  Yes  No
  - be performed at or involve collaboration with a foreign location?  Yes  No  
 If "yes," specify locations: \_\_\_\_\_
  - prohibit or restrict participation by foreign nationals?  Yes  No
  - involve export of items to a foreign location?  Yes  No

If "Yes" to any questions above, the **Export Control Assessment** will be needed prior to award. Project activity may NOT begin until such assessment has been completed and any approvals/licenses obtained.

**SECTION II - COST SHARING APPROVAL FORM**

Complete this section ONLY if NSU will provide cost-sharing to the project. The total amounts should match the total NSU cost-share information in the table in Section C.1. Refer to OSP Policy #37 - Cost Sharing (<https://www.nova.edu/osp/policies/index.html>) for more information. DO NOT include unallowable costs (i.e., proportional salaries over the salary cap) or third-party matching/in-kind. If additional rows are needed, please use the Supplemental Information Sheet of this form.

Description (salary, fringe, Etc.)	Cost Sharing Amounts (per year)						College /Unit	Index	Dean's Signature **
	Y1	Y2	Y3	Y4	Y5	TOTAL			
<b>TOTAL</b>									

\*\*Obtain Dean's approval ONLY for cost share coming from outside the PI's College/Unit. Signature/initials of the PI's Dean under Section III below constitutes approval of cost share provided by the PI's College/Unit.

SECTION III - APPROVALS/CERTIFICATIONS

NOTE: If this form is routed through DocuSign, you must first flatten the document by printing to PDF before uploading.

Principal Investigator/Project Director (PI/PD):

I certify that:

- the above information and content of the proposal are true, accurate and complete; that the budget reflects all appropriate expense items; and that the project will be performed in compliance with university and sponsor policies, if funded.
• I have read, understand, and will comply with (1) the PI/PD Responsibilities on Sponsored Projects at https://www.nova.edu/osp/resources/pi\_pd\_responsibilities.pdf, (2) the policies at www.nova.edu/osp/policies/index.html, (3) the Division of Responsibilities for Research and Sponsored Projects at https://www.nova.edu/rtt/secure/all-users/division-of-responsibilities-for-research-and-sponsored-programs.pdf, and (4) the applicable requirements for Other/Current & Pending Support disclosure at https://www.nova.edu/osp/other\_support\_disclosures.html.

I do not participate in a foreign talent program, or if I do, I have disclosed participation to my Dean/Unit Head and OSP. A foreign talent program is generally defined as any foreign state sponsored attempt to acquire U.S. funded scientific research through recruitment programs that target scientists, engineers, academics, or researchers of all nationalities working or educated in the U.S.

- For applications to Public Health Service: (1) the information submitted within the application is true, complete and accurate to the best of the my knowledge; (2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) I 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.

Signature, Principal Investigator/Project Director

Date:

PI/PD's Dean or Unit Director or Delegate (print name):

I certify that:

- \* Personnel, space and facilities are available to conduct/support the project as proposed. The PI/PD and personnel are appropriately qualified to conduct the work.
\* The project is appropriate to the goals and objectives of the College/Unit.
\* Cost sharing commitments are approved and will be met by the College/Unit if the proposal is funded.
\* The proposal/budget request is approved.
\* The sponsor's restriction or disallowance of F&A recovery for this submission, if applicable, is approved.

Signature, Dean, Unit Director, or authorized delegate as applicable

Date:

Health Professions Division Applications Only:

Yes No

This proposal meets university/HPD goals and objectives. I authorize the waiver of F&A recovery, if the sponsor restricts or disallows recovery of F&A. If the College/Unit is not requesting full F&A the form at https://www.nova.edu/osp/forms/waiver\_of\_fa.pdf is required.

Signature, Vice President of Operations, Health Professions Division (HPD) - Required for HPD only

Date:

RTT/OFFICE OF SPONSORED PROGRAMS USE ONLY

To the best of my knowledge, this proposal meets programmatic, fiscal & compliance requirements as stated by the sponsoring agency and NSU policies/procedures for proposal submission to external funding sources. I have authorized submission of the proposal to the sponsoring agency.

Did proposal go through OSP at pre-award?

Yes No

Signature, Office of Sponsored Programs Authorizing Official

Date:

F&A Waiver Approval

OSP will obtain approval in cases where the Sponsor restricts or disallows F&A recovery. However, if the College/Unit is not requesting full F&A the form at https://www.nova.edu/osp/forms/waiver\_of\_fa.pdf is required.

Signature, VP for Research & Technology Transfer

Date:

**SUPPLEMENTAL INFORMATION (COMPLETE ONLY IF NEEDED)**

**OTHER NAMED PERSONNEL (continued)**

Use the table below to list additional named NSU personnel from Section II(A), if needed.

List other NSU named personnel who will commit effort to the project. An effort commitment, expressed as a % of total effort, is the time a person has agreed to work on a sponsored project, regardless if the time is compensated by the sponsor or cost shared by NSU. If a person is named in the proposal but effort is not quantified, please put 0%.

Named Personnel	Role	Effort Type* Cal/Acad/Sum	Effort % Enter as decimal	College/Unit	Personnel Signature**	Dean's Signature**

\*Cal/Acad/Sum - Calendar year, Academic year, or Summer effort. Faculty with 12 month appointments can ONLY have Calendar year commitments.  
 \*\*If Co-PIs/Co-Is are involved on the project, the investigators and their colleges (if more than one) may agree to split recovered Facilities & Agreement (F&A) costs, in accordance with the [F&A Cost Recovery Allocation and Distribution policy](#), and F&A Distribution Agreement (attached). Signature/initials of Dean/delegate and Co-PIs/Co-Is in the table above confirm acknowledgment of the policy and procedure regarding distribution of F&A cost recovery when multiple investigators and/or colleges are involved. Obtain Dean's signature/initials ONLY for personnel outside the PI's College/Unit.

**COLLABORATIONS/CONSULTANTS (continued from Section I(B))**

Use the table below to continue description of collaborations/consultants, if needed.

SUBAWARDS (ALSO INCLUDE SUBAWARD PI NAME) AND CONSULTANTS ON PROJECT (continued from Section I(B))	Will they receive sponsored funds?	Will they provide match to project?
4. _____	Yes	Yes
5. _____	Yes	Yes
6. _____	Yes	Yes
7. _____	Yes	Yes

**COST SHARING INFORMATION (continued from Section II)**

Use the table below to continue description of cost sharing requirements, if needed.

Complete this section ONLY if NSU will provide cost-sharing to the project. Amounts should match information in the table in C.1. Refer to OSP Policy #37 - Cost Sharing (<https://www.nova.edu/osp/policies/index.html>) for more information. DO NOT include unallowable costs (i.e., proportional salaries over federal salary cap) or third-party matching/in-kind.

Description (salary, fringe, Etc.)	Cost Sharing Amounts (per year)						College /Unit	Index	Dean's Signature*
	Y1	Y2	Y3	Y4	Y5	TOTAL			
<b>TOTAL</b>									

\*Obtain Dean's approval ONLY for cost share coming from outside the PI's College/Unit. Signature/initial of the PI's Dean below constitutes approval of cost share provided by the PI's College/Unit.

**F&A Distribution Agreement**

INSTRUCTIONS: This form is required to document an agreement between investigators and College administrations to split recovered F&A (indirect) costs on a funded sponsored project. It may be completed at the time of proposal submission or at time of award. **This form must be completed, signed and submitted to the Office of Contract and Grant Accounting (cga@nova.edu) prior to the creation of the sponsored index account that will generate the F&A.** Refer to NSU Facilities and Administrative Cost Recovery Policy at [https://www.nova.edu/osp/policies/forms/fa\\_cost\\_recovery.pdf](https://www.nova.edu/osp/policies/forms/fa_cost_recovery.pdf).

**NOTE:** Projected split amounts less than \$1,000 will not be considered.

Section A: Project Information		
PI Name:	PI Department:	PI College:
Funding Agency:		Index (if funded):
Title of Project:		

**Section B: F&A/Funding Information:** Please provide the information below based on the final proposed budget (if completed at proposal) or the final award (if completed at award). If you have questions about completing the F&A Rate/Funding Information, please contact the Office of Sponsored Programs at osp@nova.edu.

F&A Cost Rate for Proposal/Award:	Rate Type: <input type="checkbox"/> MTDC <input type="checkbox"/> TDC <input type="checkbox"/> S&W <input type="checkbox"/> Other	
Total Direct Costs:	Total F&A Costs:	Total Costs:

**Section C: Investigator Split and Approvals (if applicable).** Please provide the percentage split for the Principal Investigator(s) and Co-Investigator(s) (must total 20%) and the projected amount for each. Each investigator for whom a percentage of F&A is allocated, and their Dean, must sign to approve the arrangement. *NOTE: If there will not be a split between investigators, this section does not need to be completed.*

Investigator:	College:	Incentive Account #	% F&A Split (Must total 20%)	Projected F&A Amount	Investigator Signature	Dean/Designee Signature
Total:						

**Section D: College Split and Approvals:** Please provide the percentage split for the College (must total 30%) and the projected amount for each. Each Dean for which the College will be allocated a percentage of F&A must sign to approve the arrangement. *NOTE: If there will not be a split between Colleges, this section does not need to be completed.*

College/Unit:	College Org #:	% F&A Split (Must total 30%)	Projected F&A Amount	Dean/Designee Signature
Total:				

**NOTES** (Please add any explanatory notes, if needed):