

**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).

SECTION I - PROPOSAL DATA

A. PROPOSAL STAFFING

PI/PD: _____ PI Proposed Effort: _____ Effort Type: _____ College/Unit: _____
(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 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, but effort is not quantified in the proposal, please put 0%. *If you need to list additional named personnel, please use the Supplemental Information Sheet provided.*

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

*Cal/Acad/Sum - Calendar year, Academic year, or Summer effort. Faculty with 12 month appointments can ONLY have Calendar year commitments.

**Obtain Dean's 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 and will receive a Subaward if funded.

Prime Sponsor (if applicable): _____

(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 will provide cost share. A letter from each entity's authorized representative will be required for any third party match.

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 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 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 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 for guidance and authorization.
8. Does the project involve development of intellectual property (e.g., patent, copyright)? Y N Possibly
 If "Yes" or "Possibly", please contact the Office of Technology Transfer for further guidance at x27509 or RTT@nova.edu.

E. FINANCIAL CONFLICT OF INTEREST (FCOI) *Click on: 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** disclosures been completed and submitted to OSP? Yes No N/A-not federal or 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, an **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 Initials*
	Y1	Y2	Y3	Y4	Y5	TOTAL			
TOTAL									

*Obtain Dean's approval ONLY for cost share coming from outside the PI's College/Unit. Signature of the PI's Dean 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, Chancellor, 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 if Sponsor restricts or disallows F&A recovery. 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 (Use Supplemental Information section if necessary)	Role	Effort Type* Cal/Acad/Sum	Effort %	College/Unit	Personnel Initials	Dean's Initials**

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 **Obtain Dean's 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 (WITH 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?
4. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
5. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
6. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
7. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Initials*
	Y1	Y2	Y3	Y4	Y5	TOTAL			
Total from p.1							-----	-----	-----
TOTAL									

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