



PROPOSAL REVIEW FORM

Please complete this form and attach all required components **ALLOW TEN (10) WORKING DAYS BEFORE THE DEADLINE** for processing within Sponsored Programs and Research. Call 410-951-3809 for assistance.

Submission Deadline: _____

SECTION A

1. Project Director/Principal Investigator _____
2. Proposal Title _____
3. Sponsor: Federal (CDFA# _____) State Local Foundation Corporation *Interagency AG. Other _____
4. Project Start Date: _____ Project End Date: _____
5. Name of Sponsor: _____
6. Renewal Revision Account Number: _____
7. Letter of Support Needed? Provost President *Note:* for President LOS, allow 10 working days and email ebrooks@coppin.edu, this form, detailed abstract of proposal, and suggested sample letter
8. *If an IA AG. is checked in Item #3, include the IA RFP and Completed Standard Interagency Agreement.

SECTION B

Funds Requested: (ATTACH BUDGET) \$ _____ Proposed IDC rate: _____ % (Univ IDC 49.5%)
 Cost Sharing/Matching Funds: \$ _____ Final Budget _____

Brief explanation of cost-sharing/matching funds-how will the department/unit match funds? _____
 Who authorized?: _____ Release Time for Faculty (Briefly explain): _____

What is expected of the institution for this grant? Briefly explain the checked items in Section C _____

This Project will be administered by the University CSUDF *Note:* grants to be administered by CSUDF must be signed by the ED of CSUDF and the University President. Payments must be made to CSUDF.

SECTION C Indicate if your project contains any of the following:

<input type="checkbox"/>	Human Subjects	Early Research Experience for students/graduate assistants
	Human Subjects under the age of 18	Tuition waiver
	Did IRB approve? Yes, Attach documentation No	New Course Development
	IACUC: Animal Subjects	Space Requirements
	Sub-contracts (Risk Assessment Questionnaire (RAQ))	Export Control
	Responsible Conduct of Research (RCR) Training	Licensing/Maintenance Fee
	Chemical/Physical Safety	Technology Needs
	IBC: Bio-Safety; Biological Materials (Recombinant DNA or RNA, infectious agents)	International Travel Partnerships
		Support for Enrollment/Retention
	Conflict of Interest	Support for Scholarly Work/Community Service

SECTION D

APPROVALS	SIGNATURE	DATE
Project Director/Principal Investigator		
Chair		
Dean (College)		
Director (Sponsored Programs & Research)		
Provost, VPAA/AVP		
VPIA, for CSUDF (Corporate/Foundation)		
Controller, CSU or Comptroller, CSU Development Foundation		
President, Coppin State University		