

# CAMPUS PROPOSAL REVIEW & APPROVAL FORM

2025 - 2026

## PART I: PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR INFORMATION

Principal Investigator/Project Manager:	Department:
Phone:	Email:
Co-Principal Investigator/Project Manager:	Department:
Phone:	Email:

## PART II: PROJECT & AGENCY INFORMATION

Funder:	Project Duration: From: _____ To: _____
Project Title:	
<u>Sponsor Type: (Check One)</u> <input type="checkbox"/> Federal <input type="checkbox"/> Foundation <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Fed Public <input type="checkbox"/> Other (specify): _____	
<u>Agreement Type: (Check One)</u> <input type="checkbox"/> Grant <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Contract <input type="checkbox"/> Subcontract	Date Application Due:
Total Amount Requested: _____ <input type="checkbox"/> Budget Attached	
Please attach a separate budget including proposed costs for each year of the award, any cost sharing (if applicable), indirect costs, salaries and percent efforts for each person on the grant, applicable benefits, and a detailed explanation of how each number was reached. <b>NOTE: It is recommended that you visit with the Grants Accountant in the Business Office for assistance with determining costs related to personnel/faculty on the grant.</b>	

<u>Project Location:</u> <input type="checkbox"/> On-Campus <input type="checkbox"/> Off Campus   If Off-Campus, list location: _____
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<u>Award Type:</u> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Amendment
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<u>Project Purpose:</u> <input type="checkbox"/> Applied Research <input type="checkbox"/> Basic Research <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Other (specify): _____
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## PART III – INSTITUTIONAL CONSIDERATIONS (Check all that apply)

<input type="checkbox"/> Conflict of Interest <input type="checkbox"/> In-Kind Support <input type="checkbox"/> Facilities <input type="checkbox"/> Subcontracts <input type="checkbox"/> Consultants
<input type="checkbox"/> Leave or Sabbatical <input type="checkbox"/> Capital Equipment <input type="checkbox"/> Space/Reno <input type="checkbox"/> Matching Funds <input type="checkbox"/> IT Equipment
<input type="checkbox"/> Bids/Quotes <input type="checkbox"/> Additional Non-Student Personnel <input type="checkbox"/> Additional Student Personnel
Is PI salary request: <input type="checkbox"/> in addition to, or <input type="checkbox"/> replacing existing salary? If in addition to, has a course release been requested/approved? _____

## PART IV – REQUIRED ATTACHMENTS

<input type="checkbox"/> Completed Application or Proposal	<input type="checkbox"/> Proposal Guidelines Website
<input type="checkbox"/> Post Award Reporting Requirements (important!)	<input type="checkbox"/> Bids/Quotes Included In Budget (if applicable)
<input type="checkbox"/> Budget and Narrative (see budget section above)	<input type="checkbox"/> Funding Agency Website for Further Information

**Additional notes:**

**PART V – APPROVALS**

**Signatures must be obtained in order listed below.** In signing this, the Principal Investigator/Project Director agrees to comply with Institutional and Funding Agency policies and procedures which may apply as a result of an award, and certifies that the Southwestern University Conflict of Interest Policy has been read. This form must be returned **with required attachments** to the **Office of Foundation Relations.**

**REQUIRED**

**Project Director's Assurance:** I understand that I am responsible for managing and administering this project if funded, including any required progress, final, and budget management reports. I will provide a final copy of the proposal and other related documents to the Senior Director of Foundation Relations.  *PI Initials*

PI Name: \_\_\_\_\_

PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Name: \_\_\_\_\_

Department. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ONLY if faculty related**

Dean of the Faculty Name: \_\_\_\_\_

Dean of the Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED**

VP University Relations OR AVP of Development:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED - Business Office**

**Grants Accountant**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Controller**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Only if matching funds or other institutional commitments are required.**

Budget Committee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Only if facility changes are required.**

Associate VP for Facilities Management: \_\_\_\_\_ Date: \_\_\_\_\_

**Only if grant is over \$15,000 and requires a match.**

President: \_\_\_\_\_ Date: \_\_\_\_\_