

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OGAC USE ONLY

Log #: \_\_\_\_\_

Monmouth University  
Office of Grants  
INTERNAL APPROVALS FOR GRANT OR CONTRACT PROPOSALS\*

PI(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Email address \_\_\_\_\_

Department: \_\_\_\_\_ Effective Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ -- \_\_\_\_/\_\_\_\_/\_\_\_\_

Title of Project: \_\_\_\_\_  
Is this a sub-grant? \_\_\_Y \_\_\_N If yes, who is the Primary Grantee? \_\_\_\_\_

Name, Address, Phone Number and Email Address of Funding Department/Agency/Foundation Company (Sponsor):  
\_\_\_\_\_  
\_\_\_\_\_

SUBMISSION DEADLINE: \_\_\_\_\_ Is this a RECEIPT:  or POSTMARK:  deadline? (Check one)

Electronic submission yes  no   
Paper submission yes  no

Are MU Matching Funds Included? No  Yes   
If yes, specify source(s):

Number of copies to be submitted \_\_\_\_\_

Amount: \_\_\_\_\_ Acct: \_\_\_\_\_ Authorized by: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Are Indirect Costs (F & A) Included: No  Yes

\$ \_\_\_\_\_

What %? \_\_\_\_\_ What Amount? \$ \_\_\_\_\_

Controller Approval \_\_\_\_\_

If no, does the sponsor specifically exclude Indirect Cost? \_\_\_\_\_

SPECIAL APPROVALS

Are Space Modifications Required? No  Yes  If yes, VP of Administrative Services initials here: \_\_\_\_\_  
(Attach Facilities Approval)

Is Additional Space Required? No  Yes  If yes, VP of Administrative Services initials here: \_\_\_\_\_

Are Human Subjects Used? No  Yes  If yes, please begin the IRB/Human Participants approval process  
at: <http://bluehawk.monmouth.edu/~faccounc/irb/index.html>

Are Vertebrate Animals Used? No  Yes  If yes, please begin the IACUC approval process at:  
<http://bluehawk.monmouth.edu/~faccounc/IACUC/>

The PI certifies that S/He will complete the appropriate training in the responsible and ethical conduct of research prior to commencing any work funded under the grant. Budget Approved by: \_\_\_\_\_  
Controller Date

REQUIRED APPROVALS	
Obtained by PI:	Obtained by OGAC:
_____ PI Date	_____ Director, Office of Grants & Contracts Date
_____ Department Chair(s)/Center or Institute Director(s) Date	_____ Provost Date
_____ School Dean Date	_____ President Date

\* Submit a complete proposal (including budget and sponsor's guidelines) to Office of Grants & Contracts.