

PROPOSAL INTERNAL APPROVAL FORM (PIAF)

- Allow one week for ORSP to review proposals for approval
- A copy of grant guidelines, RFP or RFA may be required
- For information or assistance, contact ORSP at (503) 725-3423
- Information available online at www.rsp.pdx.edu
- Visit us in person at the Unitus Building, 6th Floor (SW 4th Ave @ Lincoln St)

Proposal # _____ <div style="text-align: right; font-size: small;"><i>ORSP use only</i></div>
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1 PROPOSAL TYPE	REQUIRED SUPPORT DOCUMENTS TO ATTACH
<input type="checkbox"/> NEW <input type="checkbox"/> Continuation/Renewal – Index Code: _____ <input type="checkbox"/> Supplemental Funding – Index Code: _____ <input type="checkbox"/> Resubmission – Original PIAF No: _____ <input type="checkbox"/> Co-submission – Partner Institution: _____	<input type="checkbox"/> Copy of Proposal OR Abstract/Scope of Work <input type="checkbox"/> Internal Detailed Budget <input type="checkbox"/> Sponsor's policy for IDC (if different from PSU-negotiated rate) DUE DATE: <input type="checkbox"/> Electronic Submittal <input type="checkbox"/> Paper Submittal (<i>PI is responsible for mailing proposal to sponsor/agency</i>)

2 TEAM MEMBERS	PSU ID (9XXXXXXXX)	Dept	Sch/Col	Telephone	E-mail
PI/PD:					
Co-PI:					
Co-PI:					
Research Administrative Professional (RAP) or Dept Contact:					

3 PROPOSAL TITLE:			
PURPOSE: <input type="checkbox"/> Research <input type="checkbox"/> Public Service <input type="checkbox"/> Instruction <input type="checkbox"/> Other	TYPE of AWARD: <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Work Order <input type="checkbox"/> PSU Foundation	<input type="checkbox"/> Subgrant <input type="checkbox"/> Subcontract <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other	Is there federal flow-through? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, then what agency is the source of original funding?
Proposed Start Date:	Public: (check one) <input type="checkbox"/> Federal <input type="checkbox"/> State-OR/WA <input type="checkbox"/> State-other <input type="checkbox"/> Local <input type="checkbox"/> Other	Private: (check one) <input type="checkbox"/> Local <input type="checkbox"/> Non-local <i>(Select 1 of the following)</i> <input type="checkbox"/> Foundation/Assoc <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Catalog of Federal Domestic Assistance (CFDA) #: <i>(If applicable, this number typically is listed on the funding opportunity announcement.)</i>
Proposed End Date:			

4 SPONSOR/AGENCY:	
<i>(This information required for contracts)</i> Contact Name: Address: Telephone: E-mail: Program/Office/Department:	INDIRECT COST RATE: _____% <i>(If different from PSU-negotiated rate, please state reason and attach documentation of sponsor/agency's policy):</i> RFP/RFA # (if applicable):

5 SIGNATURES AND INSTITUTIONAL APPROVALS: <i>PI attests that the above statements are true to the best of her/his knowledge, and that s/he is aware of PSU's regulations, including the Financial Disclosure Policy. All appropriate deans and department chairs must sign to indicate approval of proposal submission, budget, and cost-sharing commitments.</i>			
PI:	Date:	Center/Institute Director:	Date:
Co-PI:	Date:	Center/Institute Director:	Date:
Co-PI:	Date:	School Director:	Date:
Co-PI:	Date:	Dean:	Date:
University Development (if applicable):	Date:	ORSP:	Date:

6 FISCAL INFORMATION		Sponsor Funding	PSU Cost Share (if applicable)	Other Cost Share (if applicable)	Cost Total
Year One Of _____	Direct Costs:				
	Indirect Costs:				
	Total Costs:				
Project Total	Direct Costs:				
	Indirect Costs:				
	Total Costs:				

7 **COST-SHARING:**

Mandatory – *If checked, complete this section and provide copy (or website URL) of sponsor's guidelines for cost-sharing.*

Optional

Not Applicable

Summarize cost-sharing by stating purpose, providing departmental index code and requisite Department Chair/Dean's signature below:

Department:	School/College:	OAA/OGSR:	Other: <i>(Attach signed documentation)</i>
Index:	Index:	Index:	Type:
Amount:	Amount:	Amount:	Amount:
Chair: <i>(print name & sign)</i>	Dean: <i>(print name & sign)</i>	Provost/Vice Provost: <i>(print name & sign)</i>	Source:
Purpose:	Purpose:	Purpose:	Purpose:

8 **RESEARCH INTEGRITY** *(Committee approval required BEFORE data collection begins and/or prior to acquisition, use and storage of hazardous materials and equipment)*

Check box for any item in the list below that may apply.

Human Subjects

Vertebrate Animals

Bio-Safety

Chemical Safety

Radiation Safety

Laser Safety

Not Applicable

9 **INNOVATION AND INDUSTRY ALLIANCES (IIA)**
(How do you want to share research results?)

Check box for any item in the list below that may apply.

Publication

With Companies

With Students

Through Free Distribution

Other

No Plan

(Contact IIA now to plan for public impact: iia@pdx.edu)

10 **QUESTIONS 1-6 MUST BE ANSWERED BY THE PI**

Will this proposal:

YES NO 1. **Be submitted to a private foundation or to a corporation?** *(If YES, University Development approval required in box 5 prior to submission. Notify University Development of intent to apply at least two weeks prior to submittal)*

YES NO 2. **Respond to an RFP open to for-profit organizations?** *(If YES, budget must include FULL indirect cost recovery)*

YES NO 3. **Require additional space, alteration and/or renovation of existing space?** *(If YES, attach documentation)*

YES NO 4. **Involve University commitment beyond funding period?** *(If YES, attach documentation)*

YES NO 5. **Will PSU award subcontract(s) to a party outside of the university?** *(If YES, submit a "Request for Subcontract" form to ORSP for each subcontract upon award.)*

YES NO 6. **Require ORSP to sign documents (coversheet, willing letter, assurances, etc)?** *(If YES, please attach documents to be signed, any special instructions, and who ORSP should notify when documents are signed)*