

# 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](http://www.rsp.pdx.edu)
- Visit us in person at the Unitus Building, 6<sup>th</sup> Floor (SW 4<sup>th</sup> 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) <b>DUE DATE:</b> <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:			
<b>PURPOSE:</b> <input type="checkbox"/> Research <input type="checkbox"/> Public Service <input type="checkbox"/> Instruction <input type="checkbox"/> Other	<b>TYPE of AWARD:</b> <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	<b>Is there federal flow-through?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, then what agency is the source of original funding?
Proposed Start Date:	<b>Public: (check one)</b> <input type="checkbox"/> Federal <input type="checkbox"/> State-OR/WA <input type="checkbox"/> State-other <input type="checkbox"/> Local <input type="checkbox"/> Other	<b>Private: (check one)</b> <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	<b>Catalog of Federal Domestic Assistance (CFDA) #:</b>  <i>(If applicable, this number typically is listed on the funding opportunity announcement.)</i>
Proposed End Date:			

4 SPONSOR/AGENCY:	
<i>(This information <b>required</b> for contracts)</i> Contact Name: Address: Telephone: E-mail: Program/Office/Department:	<b>INDIRECT COST RATE:</b> _____% <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:	Dept Chair or C/I Director:	Date:
Co-PI:	Date:	Dept Chair or C/I Director:	Date:
Co-PI:	Date:	Dean:	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 &amp; sign)</i>	Dean: <i>(print name &amp; sign)</i>	Provost/Vice Provost: <i>(print name &amp; 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](mailto: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)*