

Preliminary Approval Form (PAF) - Office of Sponsored Projects

REF#: _____

- include a copy of grant guidelines, RFP, or RFA
- for information and assistance, contact SPA at (503) 821-1294
- information available at: www.oit.edu/spa or email spa@oit.edu

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 Ref No: _____ <input type="checkbox"/> Co-submission - Partner Institution: _____	<input type="checkbox"/> Copy of Proposal OR Abstract/Scope of Work <input type="checkbox"/> Draft Budget (if available) DUE DATE: _____ <input type="checkbox"/> Paper Submittal <input type="checkbox"/> Electronic Submittal: Specify URL

2	TEAM MEMBERS (PI, Key Personnel)
	PI/KP: _____ Co-PI/KP: _____ Partners: _____ <input type="checkbox"/> Student Leadership? Name(s): _____

3	PROPOSAL INFORMATION
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PROPOSAL TITLE: _____

PRIMARY PURPOSE: <input type="checkbox"/> Research/Project <input type="checkbox"/> Program <input type="checkbox"/> Community <input type="checkbox"/> Other: Specify _____	TYPE of AWARD: <input type="checkbox"/> Grant <input type="checkbox"/> Competitive Agrmt. <input type="checkbox"/> Subaward <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Sponsored Project <input type="checkbox"/> Subcontract	Is the original funding source federal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify: _____ Provide link to FOA, RFP, RFA, Solicitation, etc.: _____
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Brief proposal description: (if not attached)

4	SPONSOR AGENCY
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Contact Name: _____ Address: _____ Telephone: _____ Email: _____	Program/Office/Department: _____ RFP/RFA # (if applicable): _____
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5	FISCAL INFORMATION
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A	Project Budget <input type="checkbox"/> Less than \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$200,000 <input type="checkbox"/> Over \$200,000
B	Funds Requested For (Check all that apply) <input type="checkbox"/> Faculty/ Staff Stipends/Wages <input type="checkbox"/> Student Stipends/Wages <input type="checkbox"/> Scholarships <input type="checkbox"/> Contracted Services <input type="checkbox"/> Student Project Supplies <input type="checkbox"/> Equipment <input type="checkbox"/> Other

6 COST-SHARING OR MATCH: *Must be reflected in attached budget, and the corresponding form must be completed. If mandatory cost-share or match, complete this section and provide copy (or website URL) of sponsor's guidelines for cost-sharing.*

- Mandatory- Cost-Share
 Mandatory- Match
 Optional
 Not Applicable

Summarize cost-sharing and request approval from the appropriate Chair, Dean, Provost, and VPR.

Purpose _____

Department _____ Index _____ Amount _____

7 RESEARCH INTEGRITY: *(OIT Institutional Review Board approval required BEFORE data collection begins and/or prior to acquisition, use and storage of hazardous materials and/or equipment, or human subjects.)*

- IRB Approval Email Date: _____ Vertebrate Animals
 Human Subjects Radiation Safety
 Laser Safety Bio-Safety
 Chemical Safety Vehicle Use

8 PROPOSAL INFORMATION: Questions 1-6 documentation and questions must be provided

Will this proposal:

- YES NO **1. Be submitted to a private foundation or to a corporation?** *(if YES, OIT Development approval required prior to submission. Notify OIT 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, attached documentation)*
 YES NO **5. Will OIT award subcontract(s) to a party outside of the university?** *(if YES, submit documentation)*
 YES NO **6. Require OIT to sign documents (coversheet, willing letter, assurances,etc)?** *(if YES, please attach documents)*
 YES NO **7. Does this project require IP agreements (NDA/CDA/other confidentiality agreement, licensing agreements, etc.)?**

9 PI attests that to the best of her/his knowledge that s/he is aware of OIT's regulations including the Financial Disclosure Policy.

Principal Investigator (PI) Signature _____

Date _____

INSTITUTIONAL APPROVALS: SPA will obtain approvals, please be sure your chair and dean are aware and knowledgeable about your proposal.

- Chair Approval Email Date: _____ Provost Approval: (0.5 FTE or greater) Email Date: _____
 Dean Approval Email Date: _____ F&A Approval: (facilities use) Email Date: _____
 SPA Approval Email Date: _____ VPR Approval: (cost share, matching, IP) Email Date: _____