**Antioch University Proposal Approval Form for Government Proposals**

**DO NOT SEND THIS FORM TO FUNDING AGENCY: FOR UNIVERSITY USE ONLY**

Please send this completed form and a copy of your proposal to the Institutional Advancement staff person for your campus/area (listed on page 8) at least five (5) working days prior to the sponsor’s deadline***.*** *Antioch University is not obligated to accept funds from proposals submitted without a fully-executed Approval Form.*

|  |  |
| --- | --- |
| Project Director/Principal Investigator:  |  |
| Department:  |  |
| Campus:  | Phone:  |
| Co-Project Director/Principal Investigator:  |  |
| Campus:  |  |
| Department:  | Phone: |

|  |  |
| --- | --- |
| Project Title: |  |

|  |  |
| --- | --- |
| Sponsor/Funding Agency: |  |

|  |  |
| --- | --- |
| Deadline Date: | [ ] Postmark [ ] Receipt [ ] Electronic |

|  |  |
| --- | --- |
| Type of Application | [ ] Grant [ ] Contract [ ] Subcontract [ ] Cooperative Agreement  |
|  | [ ]  Letter of Inquiry/Intent [ ]  Preliminary Proposal [ ] Other  |

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| --- | --- | --- |
| Proposed Project Period: | Start Date: | End Date: |

|  |  |
| --- | --- |
| Duration: |  |

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| **Project Description** *Attach an* ***abstract*** *or* ***Project Summary*** *of the proposed project in terms understandable to a lay audience. The abstract may be used for publications; therefore, don’t include data or materials potentially subject to copyright protection, proprietary information from the sponsor, or budgetary personnel data****.****. Provide a brief (e.g. 50 words) description of the proposed project below.* |

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**Budget Considerations**

The budget must reflect all costs associated with any item(s) checked “YES”

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| --- | --- | --- |
| Will the conduct of this project require: | Yes | No |
| Faculty workload equivalency (release time)?  |[ ] [ ]
| Faculty dual compensation?  |[ ] [ ]
| Dedicating existing classroom, laboratory, office, and/or other space to the project?  |[ ] [ ]
| Alterations or renovations of existing space?  |[ ] [ ]
| A subaward to a subrecipient organization? *If yes, provide statement of work and budget for each subcontractor. Subcontractor will be required to sign an agreement with AU.* |[ ] [ ]
| Graduate Assistants? *If yes, please complete these items:*  |  [ ]  |  [ ]  |
| Number of Graduate Assistants to be employed:  |  |  |
| Graduate Assistant stipends requested from grant?  |[ ] [ ]
| Graduate Assistant tuition costs requested from grant?  |[ ] [ ]
| Graduate Assistant stipends requested from AUNE? |[ ] [ ]
| Graduate Assistant tuition waiver requested from AU?  |[ ] [ ]

**Year 01 Budget Summary**

*Double click inside table to activate Excel spreadsheet*



**TOTAL Project Budget Summary**

*Double click inside table to activate Excel spreadsheet*



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| --- | --- |
| **INDIRECT COST INFORMATION****Indirect cost rate requested:**[ ]  45.8% of Modified Total Direct Costs (AU federally-negotiated rate)[ ] Restricted rate by sponsor, % specify rate[ ] Not allowed by sponsor (restricted rate or no indirect cost request)Indirect Cost waiver requires the approval of your campus president or the chancellor; please complete the attached Waiver request form (page 7). | **COST SHARING INFORMATION**In the budget sections above, if any amounts are included in Cash Match, In-Kind Match, or Other Match, please answer this item:**Is cost sharing:** [ ]  Required by sponsor? [ ]  Strongly encouraged by sponsor? [ ]  Offered voluntarily?Documentation from AU personnel authorized to commit funds from a cost center (Department Chair/Director/VPAA) or outside sources must be attached to the Routing Sheet **Does the cost sharing include Other Match/Third Party Contribution?** [ ] Yes [ ] No***All third party providers will be required to enter into an agreement with AU.*** |
| **Continuing Costs****Are there costs associated with this project that will continue past the project end date?**[ ] Yes [ ] No |

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| **Source of Funding:** Federal [ ] State [ ] Private [ ] Other [ ] Pass Through [ ]  | Type of ActivityResearch [ ] Service [ ] Instruction [ ] Equipment [ ]  |

If you have any questions or need assistance with any of the items in this section, please call or email the Grants Office or Finance Office for assistance (see page 8 for contact information).

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| Does this project involve: | Yes | No |
| **Use of human subjects?** *If yes, IRB approval is required prior to the start of the project. A funds center account number may not be issued until a copy of the IRB approval letter is submitted to your campus grants office*  |[ ] [ ]
| **Use of vertebrate animals?** |[ ] [ ]
| **Use of hazardous substances and/or generation of hazardous waste?** *If yes, approval must be obtained prior to start of project.*  |[ ] [ ]
| **Any foreign nationals or foreign travel?** *If yes, contact your campus grants office about Export Control Decision Tree.* |[ ] [ ]
| **Any a) restrictions on publication or b) access to restricted or confidential data?** *If yes, contact your campus grants office about Fundamental Research Exclusion.*  |[ ] [ ]
| **Potential Conflict of Interest?** *If PI and/or Co-PIs respond yes to any of the following questions, each PI/Co-PI must submit a signed Conflict of Interest Disclosure form individually.*  |[ ] [ ]
| 1. Are you or any member of your family an officer, director, partner, trustee, employee, advisory board member, or agent of the external sponsor funding this project or any organization from which goods and services will be obtained under the sponsored project? |[ ] [ ]
| 2. Do you or any immediate family member have an equity interest in the external sponsor that, when aggregated for the investigator and the investigator’s immediate family, meets both of the following tests: exceeds $5,000 in value as determined through reference to public prices or other reasonable measures of the fair market value, and represents more than a 5% ownership interest in any single entity? |[ ] [ ]
| 3. Do you or any member of your immediate family anticipate receiving salary, royalties, or other payments from the external sponsor that, when aggregated for the investigator and the investigator’s immediate family, are expected to exceed $5,000 during the next 12 months period? *(This does not include dual compensation to University employees.)*  |[ ] [ ]
| 4. Do you have any affiliation with the external sponsor funding this sponsored project that would affect, or be perceived to affect, the results of the research or educational activities in any manner?  |[ ] [ ]
| **Anticipated program income?**  |[ ] [ ]

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| PROJECT DIRECTOR’S/CO-DIRECTOR’S STATEMENT: My signature below certifies that: 1) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; and, 2) I am aware of and agree to abide by the following Antioch University policies: a) Drug Free Workplace, b) Conflict of Interest c) Technology Transfer & Commercialization Guide for Faculty and other Employees, d) Responding to Allegations of Research Misconduct, e) use of Human and Animal Subjects, and d) other policies as appropriate. University personnel who anticipate the possibility of creating potentially patentable Intellectual Property through their endeavors, are responsible for notifying University Administrators of the possibility at the outset of their activities. It is understood that Antioch University and third-parties may have rights in all discoveries and inventions made or conceived in performance of work on this project. The Principal Investigator(s) will furnish prompt and full disclosure of inventions made during performance of this project to the Grants and Foundation Relations Office. I, the Project Director, (check one): [ ]  Anticipate developing Intellectual Property during this research/project. [ ]  Do not Anticipate developing Intellectual Property during this research/project. The anticipated intellectual Property is(check all that apply):[ ]  Publications/presentations [ ]  Software [ ] Inventions or discoveriesDescribe above Intellectual Property in general terms:Project Director/Investigator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co-Director/Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Your signature below certifies that the proposal has been reviewed and approved by the appropriate campus officials and that the necessary provisions for any cost sharing or faculty release time as indicated on this form will be met.**

**Signatures on this page to be obtained by Project Director**

*If ’signing’ electronically (i.e. via e-mail) check the box next to your name and enter your initials in the* ***Signature*** *column.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Print Name*** |  | **Signature** | **Date** |
| Project Director/Investigator’s Department Chair/Director |  |[ ]   |  |
| Co-Project Director/Investigator’s Department Chair/Director |  |[ ]   |  |
|  |  |[ ]   |  |
|  |  |[ ]   |  |

**Reviewed by Grants Office: (initials)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Print Name*** |  | **Signature** | **Date** |
| **Campus Finance Director** |  |[ ]   |  |
| **Regional CFO** |  |  |  |  |
| **Vice President for Academic Affairs** |  |[ ]   |  |
| **President** |  |[ ]   |  |

**REQUEST FOR INDIRECT COST REDUCTION OR WAIVER**

**ANTIOCH UNIVERSITY**

Principal Investigator/Project Director:

Campus and Department:

Sponsor:

Request: [ ]  Full Waiver [ ]  Partial Waiver

Amount Requested:

Reason(s) for Request:

[ ]  The benefit of the proposed project to Antioch University in terms of institutional capacity building outweighs the loss of indirect cost recovery.

[ ]  The proposed project is small, will not require extraordinary effort and/or resources to administer and will enhance my research career.

[ ]  The project requires significant institutional cost sharing that cannot be fully met by other sources.

[ ]  Assessment of the full F&A rate would significantly reduce the competitiveness of the proposal.

[ ]  The funder has a maximum allowable cost; assessment of full F&A rate would reduce the amount of funds available for project implementation to such an extent that the scope of work or deliverable could not be accomplished.

Justification:

Principal Investigator Signature Date

**ENDORSEMENTS:**

Department Chair Signature Date

Vice President Academic Affairs Date

**APPROVAL:**

President Date

 **Finance Office and Grants Office Contact Information**

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| --- |
| **Financial Contacts** |
| **Central****Midwest****PhD in Leadership and Change** | Kyle Fuchs, Manager of Accounting Services888 Dayton Street, Suite 102Yellow Springs, OH 45387937-769-1366kfuchs@antioch.edu |
| **New England** | Rita Tornatore, Campus Finance Director40 Avon StreetKeene, NH 03431-3516603-283-2361rtornatore@antioch.edu |
| **Los Angeles** | Naomi Castro, Director of Accounting400 Corporate PointeCulver City, CA 90230310-578-1080 x 413ncastro@antioch.edu |
| **Santa Barbara** | Paul Luciano, Campus Finance Director602 Anacapa St, Santa Barbara, CA 93101805-962-8179 X 5103pluciano@antioch.edu |
| **Seattle** | Tsegerida Giorgis, Accounting Director2326 Sixth AvenueSeattle, WA 98121206-268-4016tgiorgis@antioch.edu |
| **Grants Office Contact** |
| **Central****Los Angeles****Midwest****Santa Barbara****Seattle****PhD in Leadership and Change** | Lisa Farese, Interim Director of Grants and Foundation RelationsPhone: 310-578-1080, x343lfarese@antioch.edu |
| **New England** | Don Woodhouse, Grants Office DirectorPhone: 603-283-2101dwoodhouse@antioch.edu |