



Office of Sponsored Programs
Internal Processing Form (IPF)

Office of Sponsored Programs (OSP) Use
SAI Number:
CFDA Number:
OSP Contact Person:
Submission System/Portal:
Submission Confirmation#:
Date Proposal was submitted:
STEM Project: YES NO
Award Category:
FCOI:

Proposal/Pre-proposal submissions: Complete each item.

I. Principal Investigator (PI) or Program Director (PD) Information

PI/PD Name
Office Address Office Phone Office Fax Office E-mail
School Department Citizenship Status (specify)

II. SPONSOR/AGENCY INFORMATION

Grants.gov Fastlane Other (specify below):
Hard Copy Email

CFDA No. Opportunity No. Agency Deadline Date Submission Type Name of Submission System/Portal

Sponsor's Name \* Point of Contact Name \* Point of Contact email address \* Point of Contact Phone Number

Sponsor's Full Address

III. PROPOSAL INFORMATION

Proposal Title Grant Cooperative Agreement
Start Date End Date Contract Sub-award - (Prime Institution)
Proposed Period of Performance Type of Funding

Sponsor Request (\$) DSU Match (\$) Other Match (\$) Total Request (\$) \$ 0.00

1. Project Category (Check all that apply): Research: Basic or Applied Public Service Student Services
Instruction/Academic Support Independent Operations Professional Development Operations & Maintenance

2. Does the PI have a current Disclosure of Conflict of Interest (COI) in Research Form on file with OSP? Yes No
The Disclosure Form must be completed on an annual basis unless there is a change in status (see policy for additional details).

3. Does this program involve use of the following? Check all that apply. (If yes, to any item, submit appropriate form/application)
Human Subjects (IRB) Animals (IACUC) Hazardous Materials Subcontractors Collaborations Radioactive Material

4. Which Key Performance Indicator(s) does this project fall under in the University's Strategic Plan?
Please list all that apply. See the complete list on OSP's Forms Library.

5. Do you anticipate generating Intellectual Property? Yes No
6. Is space available for the duration of this program? Yes No
7. Does this program include any construction? Yes No
8. Does this program involve international travel? Yes No

**IV. Summary of proposed budget:**

Number of years: \_\_\_\_\_

*All DSU matching funds must be fully described in the chart below as to amount, source and must have the proper approval(s). Letter(s) of Commitment must be turned in to OSP with the budget. Any match committed without prior approval, will not be fulfilled if an award is made.*

Are matching funds requested? \*

Is equipment required in this program? Select One: \_\_\_\_\_  
 If yes for equipment, how will maintenance cost be funded? \_\_\_\_\_

How many students are getting compensation from this grant? Undergraduates: \_\_\_\_\_ Graduates: \_\_\_\_\_

	Sponsoring Agency (\$)	DSU/State Match Cash/Cost share		Other (Funds)	Total Requested	*Release Time (\$)
		Match \$\$	In-Kind			
Salaries & Wages (students included)					\$ 0.00	
Fringe Benefits					\$ 0.00	
Supplies & Materials					\$ 0.00	
Equipment					\$ 0.00	
Travel					\$ 0.00	
Contractual Services					\$ 0.00	
Participant Costs (i.e., stipends, tuition, etc.)					\$ 0.00	
Other					\$ 0.00	
Sub-awards /Subcontracts					\$ 0.00	
<b>Total Direct Cost</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Indirect Cost @ _____%</b>					\$ 0.00	
<b>Grand Total</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Type of IDC Used: \_\_\_\_\_ OSP Budget reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Is 100% of the release time funded by the grant?  If not, please identify the funding source in commitment letter.*

**NOTICE:** All budgets, budget justifications, supporting letters/documents, and fully executed Internal Processing Forms with all appropriate approvals are due to the OSP two-weeks prior to the agency deadline. Final proposals are to be submitted to the OSP at least two working days prior to the agency deadline. Failure to meet these deadlines may jeopardize the on-time submission of the proposal. For proposals submitted without OSP approval, OSP has the authority to withdraw proposals from sponsor consideration.

\_\_\_\_\_  
 PD/PI Date

\_\_\_\_\_  
 Approved by Department Chair Date

\_\_\_\_\_  
 Approved by Assistant Dean/Associate Dean Date

\_\_\_\_\_  
 Approved by Dean/Director/VP Date

\_\_\_\_\_  
 Approved by Office of Sponsored Programs Date

\_\_\_\_\_  
 \*Approved by President/Provost/Assoc. Provost Date

*Notice: Submissions without all required approvals will not be processed by OSP.*

# Faculty & Professional Staff Effort/Release Time Report

(1 form per faculty or professional staff member)

Grant Information			
Project Title:			
Sponsoring Agency:			
PI/PD:		Project Period:	

Grant Personnel			
DSU Employee Name:		Academic Rank:	
Department or Unit Name:		Position Title in this Project:	

Commitment to Grant				
Appointment Type	Grant Funded		University Match	
<b>Salary Requested Academic &amp; Summer: (cumulative)</b>  *9-month positions only*	<u>Academic</u>	<u>Summer</u>	<u>Academic</u>	<u>Summer</u>
	%: Salary: \$ Fringe: \$	%: Salary: \$ Fringe: \$	%: Salary: \$ Fringe: \$	%: Salary: \$ Fringe: \$
<b>Salary Requested Calendar (cumulative):</b>  *12-month positions only*	%: Salary: \$ Fringe: \$		%: Salary: \$ Fringe: \$	

**If this effort is not 100% grant funded; a commitment letter is required stating how the release time will be supported should this proposal be funded.**

\_\_\_\_\_  
 DSU Employee (if different than PI) (date)

\_\_\_\_\_  
 PI (date)

\_\_\_\_\_  
 Department Chairperson (date)

\_\_\_\_\_  
 Immediate Supervisor (date)

\_\_\_\_\_  
 Appropriate Director/Dean/VP (date)

\_\_\_\_\_  
 Office of Sponsored Programs (date)