

PROJECT ACCEPTANCE FORM

PRIOR APPROVAL

(Submit the form to the Office of Sponsored Research **at least 30 days** prior to due date.)

PROJECT INFORMATION		
P.I.:	Date:	
Employee ID #:	Phone #:	
P.I. Department		
Proposal Due Date:	Sponsoring Agency:	
Project Title:		
Co P.I.	Department:	Phone #:
Co P.I.	Department:	Phone #:
Co P.I.	Department:	Phone #:

A Concise Summary of Research or Consulting Project Must be Attached.

Proposal Status:	<input type="checkbox"/> Preliminary	<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> Continuation-Year
Project Type:	<input type="checkbox"/> Contract	<input type="checkbox"/> Grant	<input type="checkbox"/> Subcontract	
Agency Type:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Industry	<input type="checkbox"/> Foundation

SPECIAL CONSIDERATONS & AUTHORIZATIONS (Check Yes or No)

Confidential Information enclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interdepartmental facilities or personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consultant(s) proposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Renovations/alterations of facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subcontractor(s) proposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Additional space/storage/energy req.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Possible patents/copyrights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Development of new academic programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Faculty release time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Use of hazardous materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Authorization	Date	Authorization	Date
If you have checked yes to any of the above, please attach a brief statement of explanation.			

Investigator(s) Certification:

My signature below certifies that 1) I agree to be bound by the terms and conditions of the external grant or contract which supports this proposed activity, 2) I agree to abide by the University's research policies, 3) If the proposal will result in an award that is governed by federal regulations, I agree to complete the necessary certifications regarding Lobbying, Debarment and Suspension, and Drug-Free Workplace. Furthermore, I certify that I have read and understand the University's Conflict of Interest Policy and that **there is** , **is not** a person who is responsible for the design, conduct or reporting of the proposed project who has a financial interest that could be a conflict of interest with this project. **(If "there is" is checked, attach a Significant Financial Interest Disclosure Form and documentations.)**

Principal Investigator Signature	Date	Co-Principal Investigator(s) Signature	Date
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Department Head Approval	Date	Department Head Approval	Date	Department Head Approval	Date
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Approvals	Signature	Date
Office of Sponsored Research		
Provost		

BUDGET INFORMATION

BUDGET BY CATEGORY:				
<i>OVERLOAD PAY</i>				
Overload Breakdown:				
<u>Professor</u>	<u>Professor Approval</u>	<u>Amount</u>		
<i>UNDERGRADUATE STUDENT</i>				
<i>GRADUATE STUDENT</i>				
<i>POST DOCTORAL</i>				
<i>OTHER PROFESSIONALS</i>				
<i>BENEFITS (only applicable on Post Doctoral/Other Professionals Positions)</i>				
<i>ADDITIONAL PDA CONTRIBUTION</i>				
			<i>COMPENSATION SUBTOTAL</i>	
<i>EQUIPMENT</i>				
<i>TRAVEL</i>				
<i>SUPPLIES</i>				
<i>CONSULTANT</i>				
<i>SUBAWARD</i>				
<i>GRADUATE STUDENT TUITION</i>				
<i>OTHER</i>	<i>Explain:</i>			
			<i>OTHER DIRECT EXPENSE SUBTOTAL</i>	
<i>INDIRECT COST RATE</i>		<input type="checkbox"/> Negotiated Rate 54%	<input type="checkbox"/> Other Rate	
Amount of Project				

BUDGET BY YEAR:	Year 1	Year 2	Year 3	Total
Amount Requested from Sponsor				
Direct Costs:				
Indirect Costs:				
Total Requested from Sponsor:				
Kettering University Cost Share:				
Cost Sharing: In-Kind				
Cost Sharing: Cash				
Total Request from Kettering:				
Project Total By Year:				

CASH COST-SHARING DETAIL				
YEAR	ITEM	AMOUNT	ACCOUNT #	AUTHORIZING SIGNATURE

Note: The above budget could be subject to minimal change.