

# John Carroll University

Office of Sponsored Research

# Internal Approval Form

for sponsored projects

Submit this form with a copy of the proposal narrative, a detailed budget, and budget justification.

GENERAL INFORMATION:	
Project Director/ Principal Investigator:	Department:
Project Title:	
Funder:	Funder Program:
Method of Submittal:	Deadline:

COLLABORATORS:		
Do you have collaborators from other departments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If so, list collaborators and departments. Complete the Collaborator Approval Form for each collaborator.</i>		
Do you have collaborators from other institutions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If so, list collaborators and institutions.</i>		
Is John Carroll the fiscal agent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If not, list the fiscal agent.</i>		

BUDGET INFORMATION:			
Project Dates: FROM	TO	No. of Years:	
Direct Costs: \$	Indirect Costs: \$	Total: \$	
Cash Match: \$	Source of Match:		
In-kind Match:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Course Release: <input type="checkbox"/> YES <input type="checkbox"/> NO
Budget Details:			
<i>List details of in-kind match, course release, and matching funds.</i>			

**SPECIAL CONDITIONS: Check all that apply.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Animal Research | <input type="checkbox"/> Additional space | <input type="checkbox"/> Obligations after funding period         |
| <input type="checkbox"/> Human Subjects  | <input type="checkbox"/> New Hires        | <input type="checkbox"/> Intellectual property/copyright concerns |
| <input type="checkbox"/> Other:          |   |   |

*List details for any special conditions.*

**PI/PD ASSURANCE:**

I certify that the information on this form and in the proposal is true and accurate to the best of my knowledge. If funded, I will comply with John Carroll and agency policies in the management of the award.

*Signature / Date*

**APPROVAL OF PROJECT AND BUDGET:**

I approve the submission of the attached proposal and budget.

**Department Chair:**

**Date:**

**Dean:**

**Date:**

**AAVP:**

**Date:**