**CHICAGO STATE UNIVERSITY**

OFFICE OF SPONSORED PROGRAMS

AND RESEARCH ADMINISTRATION – ADM 303

* + 1. • Fax 773-995-2490

**Project Contact**

Daniel Block, Ph.D.

Name

|  |  |
| --- | --- |
|  | dblock@csu.edu |
| Phone | E-mail | |

**PROPOSAL APPROVAL FORM (PAF)**

**Proposal Number**  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_–\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
For Office of Sponsored Programs

**Sponsor Deadline: 02 /04 /2011**  **Date of**  **Postmark OR**  **Receipt**

mm/dd/yyyy

|  |  |  |
| --- | --- | --- |
| **Who mails?** **Principal Investigator** or **OSP** If OSP, number of copies attached: |  | **Note: OSP mails all contracts.** |

Where, according to program guidelines, Executive Order 12372 applies, the proposal requires state review and must be submitted simultaneously to the single state point of contact.

**Please take note:** Proposals submitted at the last minute may miss sponsor deadlines if budgets are incorrectly prepared or if required clearances or signatures have not been obtained.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Principal Investigator / Fellowship Sponsor** | | |  | | |  | | | | |  | |
|  | | |  | | |  | | | | |  | |
| Daniel Block, Ph.D. | | |  | | |  | | | | |  | |
| Name | | | Social Security Number | | | Department | | | | | Phone | |
|  | | |  | | |  | | | | |  | |
| **Co-Investigator / Fellowship Recipient** | | |  | | |  | | | | |  | |
|  | | |  | | |  | | | | |  | |
|  | | |  | | |  | | | | |  | |
| Name | | | Social Security Number | | | Department | | | | | Phone | |
|  | | |  | | |  | | | | |  | |
| Name | | | Social Security Number | | | Department | | | | | Phone | |
|  | | |  | | |  | | | | |  | |
| **CFDA** Number (Five-digit Catalog of Federal Domestic Assistance identification number)\_\_\_\_\_\_\_\_\_\_\_\_ **MANDATORY IF APPLICABLE** | | | | | | | | | | | | |
|  | | |  | | |  | | | | |  | |
| **Project Title** | **Chicago State University Southside Urban Agriculture Initiative** | | | | |  | | | | |
| **Sponsor and Name of Contact** | | | | | |  | | | | |
| USDA-National Institute of Food and Agriculture | | | | P. Gregory Smith  National Education Program Leader | | | 202-720-2067 | | | 202-720-2030 | | |
| Name of Sponsoring Organization | | | | Sponsor Contact Name | | | Phone | | | Fax | | |
| 1400 Independence Avenue, SW Stop 2251 | | | | | Washington | | | D.C. | 20250-2251 | | | |
| Mailing Address | | | | | City | | | State | Zip Code | | | |

**Check one item in each category.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Sponsor:** | Federal | State of Illinois | City of Chicago | | | Other Gov't | | Not-for-Profit | | For-Profit |
|  |  |  |  | | |  | |  | |  |
| **Type of Proposal:** | New | Continuation | Renewal | | | Supplement | | Revision | |  |
|  |  |  | If **Supplement** or **Revision**, provide proposal number: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  |  |  |  | | | | | | | |
| **Type of Award:** | Grant | Contract | Fellowship | | | Cooperative Agreement | | | |  |
|  |  |  |  | | |  | | | |  |
| **Type of Activity:** | **--------------------------------RESEARCH----------------------------------** | | | | |  | **INSTRUCTION** | | **PUBLIC SERVICE** | |
|  | Basic | Applied | Clinical | | | | Instruction | | Public Service | |
|  | Training | Fellowship | Training | | | | +Training | | **†**Equipment | |
|  | Equipment | Materials Transfer | |  |  | | +Equipment | |  | |
|  | Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | +Non-research ONLY | |  | |
|  |  | | |  | | |  | |  | |
| **For contracts only: OSP standard agreement attached?**Yes  No **Sponsor’s contract attached for review?** Yes No | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Period From:** | 08/01/2011 | | **to** | 07/31/2013 | | |  | | | | | | | | |
|  | mm / dd / yy | |  | mm / dd / yy | | |  | | | | | | | | |
|  | | | | | | |  | | |  | | | | | |
|  | | | | | | |  | | |  | | | | | |
| **Budget** | | **Total for Entire Project** | | | | | |  | **Year 1 or Current Year** | | | | | **Value of in-kind Items Requested from Sponsor** | |
|  | |  | | | | | |  |  | | | | |
|  | |  | | | | | |  |  | | | | |  | |
| **Direct Cost** | |  | | |  | (%) | |  |  | |  | (%) |  | |  |  |
| **Indirect Cost** | |  | | |  | (%) | |  |  | |  | (%) |  | |  |  |
| **RA Tuition Remission** | |  | | |  | (%) | |  |  | |  | (%) |  | |  |  |
| **TOTAL REQUEST** | |  | | |  |  | |  |  | |  |  |  | |  |  |

**Cost Sharing** If CSU resources beyond faculty release time are to be committed to this project, the source must be identified and a **Memorandum of Understanding (“MOU”)** signed by all parties contributing resources **must** be attached.

**Cost sharing/matching funds required by sponsor?**  Yes **OR**  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost sharing beyond faculty release time** | $ |  | Memorandum of Understanding attached |
|  |  |  |  |
| **Matching funds required** | $ |  | Memorandum of Understanding attached |

**Space**

**Is new space required to perform the proposed project?**  Yes **OR**  No

If yes attached a letter, signed by the department head and dean, outlining the agreement for new space.

**PROPSAL APPROVAL** Submit this original PAF and the Sponsor’s application forms, the budget and narrative, the abstract, and my attachments to the Office of Sponsored Programs Room 303 Cook Administration Building for approval. Signatures 1 and 2 must be obtained prior to submission. You need not attach the complete technical proposal when you initially submit the proposal for approval. **However, you must submit one copy of he complete proposal to OSP** once the proposal is mailed to the sponsor.

All proposals (new, continuation, renewal, supplemental, revised) require official signatures of approval. **If more than one department is involved, the head or chair of each must sign**. Attach an additional page if necessary.

Obtain signatures in the order listed.

**Signatures**

**1. Investigator(s)** The investigator(s) agree to abide by all institutional and sponsor requirements for administering the award.

|  |  |
| --- | --- |
|  |  |
| Signature (Principal Investigator) | Date |
|  |  |
| Signature (Co-Investigator) | Date |

**2. Department Head(s)** The Department Chair/Unit Head has reviewed and approved the project and any resource commitments, and certifies that the research can be conducted safely and in compliance with federal and state laws. **If the Principal Investigator is the department head, the individual the PI reports to must sign.**

|  |  |
| --- | --- |
|  |  |
| Signature (Department Head) | Date |
|  |  |
| Signature (Department Head) | Date |
|  |  |
| Signature (Institutional Advancement) | Date |

**3. Office of Sponsored Programs**

|  |  |
| --- | --- |
|  |  |
| Signature (OSP) | Date |

**4. Office of the President**

|  |  |
| --- | --- |
|  |  |
| Signature (Office of the President) | Date |