

Submission Date: _____ Submission via: Online US Mail Date Due: _____

Proposed Project/Program: _____

Funding Sponsor: _____

Project Director/PI: _____ Dept: _____

Does grant allow for indirect costs? Yes No If yes, what indirect cost rate % did you use? _____
(DYC current federal rates: 11% Off-Campus, 29.7% On-Campus)

Briefly outline planned expenditures for Salaries, Fringe Benefits, OTPS (Supplies, Contractual Services, Travel, etc.) and Equipment:

	Requested	DYC Cost Share	3 rd Party Match	TOTAL
Salaries:	\$ _____	\$ _____	\$ _____	\$ _____
Fringe Benefits:	\$ _____	\$ _____	\$ _____	\$ _____
OTPS:	\$ _____	\$ _____	\$ _____	\$ _____
Capital Equipment:	\$ _____	\$ _____	\$ _____	\$ _____
Indirect Costs	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL BUDGET	\$ _____	\$ _____	\$ _____	\$ _____

Cost Share Source(s): _____ Matching Source(s): _____
For Federal PHS Funded Research, All Participating Investigator(s),
 FCOI Training Certificate(s) & Disclosure Form(s) are attached.

Signature of Project Director/Principal Investigator **Date Submitted**

I have reviewed this proposal and approved its content. The department commitment contained in this proposal is reasonable.

Signature of Department Chair **Date Approved**

I have reviewed this proposal and approved its content. The school commitment contained in this proposal is reasonable.

Signature of Dean **Date Approved**

I have reviewed this proposal and approved its content. The college commitment contained in this proposal is reasonable.

Signature of Appropriate President's Council (PC) Member **Date Approved**

I have reviewed the budget and the financial obligations the proposal makes for D'Youville College.

Signature of Vice President for Financial Affairs **Date Received** **Date Approved**

I have reviewed the proposal and it conforms to college standards and contains sufficient information to allow funding agencies to reach an informed decision.

Signature of Appropriate Grants Director **Date Received** **Date Approved**