



## 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: \_\_\_\_\_

**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. FEDERAL SPONSOR/AGENCY INFORMATION

Electronic  grants.gov  Fastlane  
 Hard Copy  email  Other ( \_\_\_\_\_ )

CFDA No. / Opportunity No.

Agency Deadline Date

Submission Type

Name of Submission System/Portal

Federal 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 (\$)

**Please list your current and pending support (position title -PI, co/PI or etc.). Attach a separate sheet if needed.**

Agency	Project Title	Position Title – (PI, co/PI or etc.)	Project Period	% of Time on Project

Project Category (Check all that apply):  Research  Public Service  Instruction/Academic Support  Professional Development

1. 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

2. Do you anticipate generating Intellectual Property?  Yes  No

3. Is additional equipment required in this program?  Yes  No If yes, how will maintenance cost be funded?

4. Does this program include any construction?  Yes  No

5. Is space available for the duration of this program?  Yes  No

6. Does this program involve international travel?  Yes  No

**IV. Summary of proposed budget:**

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

Are matching funds requested?\*  Yes  No *All DSU matching funds must be fully described in chart below as to amount and source.*

Detail on matching funds: *(Letters of Commitment needed)*

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

*OSP Budget reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_*

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

**NOTICE:** Final proposals are to be submitted to the Delaware State University Office of Sponsored Programs at least five working days prior to agency deadlines. Failure to meet this deadline may jeopardize the on-time submission of the proposal. A fully executed Internal Processing Form (IPF) must accompany all proposal submissions with appropriate approvals. For proposals submitted without OSP approval, the Office of Sponsored Programs has the authority to withdraw proposals from sponsor consideration.

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

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

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

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

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

\_\_\_\_\_  
\*Approved by President Date  
*\*All proposals must have approval(s) when University match is requested and Coordinated with the Associate VP for Research and Sponsored Programs. (Dr. John Austin).*

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

