

FORT VALLEY STATE UNIVERSITY  
OFFICE OF SPONSORED PROGRAMS  
**Proposal Submission Form**

**To the Author:** Please attach a copy of your [Abstract](#), [Budget](#), [Budget Justification](#), and the [current RFP](#) (and any reviewers' comments if this is a re-application to this form.) After the completion of the shaded area (proposal documentation and submitting department signatures), submit this form and its attachments, to the Office of Sponsored Programs located in the Troup Building. Please allow at least ten (10) **business days** for the review and routing process. The entire finalized proposal package is required to be submitted with this form to OSP. You will be contacted by the Office of Sponsored Programs when the process has been completed.

**Document Information**

Title: \_\_\_\_\_  
 Author: \_\_\_\_\_ Funder's Due Date: \_\_\_\_\_  
 Funding Agency: \_\_\_\_\_  
 Funding Opportunity Number: \_\_\_\_\_  
 CFDA: \_\_\_\_\_  
 Is this a Sub-Award? No Yes  
 Online Submission: No Yes please list required online signatory \_\_\_\_\_

**Budget Information**

Total Requested: \_\_\_\_\_ Indirect Costs Requested/Rate: \_\_\_\_\_ / \_\_\_\_\_ %  
 In-Kind Requirement: No Yes amount: \_\_\_\_\_  
 Matching Requirement: No Yes amount: \_\_\_\_\_  
 Flow Through Award: No Yes list agency: \_\_\_\_\_  
 Release Time Approved: No Yes signature of VPAA: \_\_\_\_\_  
 Library Acquisition: amount 3%: \_\_\_\_\_

I certify that this proposed project has been thoroughly discussed with my Department Chair or Area Supervisor and that I have not committed this institution to expenses which are not covered in this proposal except for in-kind contributions which have been agreed upon by all parties involved in the execution and management of this project. Further, if this proposal is accepted, I agree to comply with the terms of the award, including submission of all reports, budgets, and other required materials in a timely manner. I understand that if I plan to depart from FVSU prior to completing the terms of the award, my exiting procedure may be delayed until my final reports are completed, or until the project is officially reassigned to another coordinator.

I further certify I understand that all proposals for funding submitted on behalf of Fort Valley State University are and remain the Intellectual Property of the University. **Proposals not submitted ten days prior to agency deadline must have a written justification as to why the project is being submitted late.**

\_\_\_\_\_  
 Principal Investigator College Department Date

We have reviewed the proposal and/or discussed it with the author. We are satisfied that the project is sound and does not conflict with the stated mission of the institution or the University System of Georgia Board of Regents.

\_\_\_\_\_  
 Department Chair/Program Director Date Dean Date

The signatures below will be secured by the Office of Sponsored Programs after the review process of the request for funding submission.

\_\_\_\_\_  
 Director, Office of Sponsored Programs (OSP) Date VP, Business and Finance Date

\_\_\_\_\_  
 Provost/Designee Date President/Designee Date

**FORT VALLEY STATE UNIVERSITY  
OFFICE OF SPONSORED PROGRAMS  
Proposal Submission Form Instructions**

**DOCUMENT INFORMATION:**

**Title:** Indicate the title of the proposal  
**Author:** Indicate the name/s of the Proposal Author/s  
**Submission Date:** Indicate the proposal due date to the funder  
**Online submission:** Indicate whether the proposal submission requires an online submission  
If yes, indicate Provost or designee as the online signatory

**BUDGET INFORMATION:**

(Please refer to the Office of Sponsored Programs (OSP) Standard Operating Procedures Manual for definitions of the following terms)

**Total Requested:** Indicate the total funds requested in the proposal. Direct and Indirect Costs (if allowable)  
**Indirect Cost/Rate Requested:** Indicate the amount calculated. The current rates for all programs are 36% on campus and 13.64% off campus.  
**In-Kind Requirement:** Indicate the dollar amount  
**Matching Requirement:** Indicate the dollar amount  
**Flow Through Awards:** Indicate if the award will be a flow through from a secondary party.  
**Release Time Approved:** This must be approved by the PI's Department Chair and Dean. Indicate the percentage of time for release time  
**Library Acquisition:** Assessed at 3% of the budget on all allowable proposals. The PI is responsible for providing proof if not allowable.

**SIGNATURES:**

The Principal Investigator will sign the proposal and secure the signatures of the Department Chair and College Dean prior to submitting the final proposal to the Office of Sponsored Programs for review of compliance at least ten (10) business days before the due date to the funder. The OSP will secure the signatures of the University Signatories. Please do not forward the proposal without OSP knowledge. (Refer to the OSP Standard Operating Procedures Manual for proposal submission guidelines).

**NOTE:**

**All proposals are to be submitted to the funder only after the review process by the OSP and approval by all required University signatories. (Please refer to the OSP Standard Operating Procedures Manual for guidelines on unofficial proposals)**