

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS  
Proposal Administrative Review (PAR) Form

FORM INSTRUCTIONS

**PART I: CONTACT INFORMATION**

- 1) Principal Investigator (PI) – the individual in charge of an experiment, research project or grant.
- 2) Enter PI phone and fax numbers.
- 3) Enter PI email address.
- 4) Enter funding start and end dates.
- 5) Enter the name of the funder and if the funder requires a 501 c3 for eligibility.
- 6) Enter the title of the proposal.
- 7) Enter a brief description of the proposal.
- 8) Enter the agency contact responsible for answering questions related to the RFP (request for proposals).
- 9) Enter the agency contact phone and email address.

**PART II: SUBMISSION INFORMATION**

- 10) Indicate the postmark date required by the funder.
- 11) Indicate the actual date that the proposal must be received by the funder.
- 12) Indicate the number of copies needed.
- 13) Check the one that applies.
- 14) Check the appropriate funding source.
- 15) Check the appropriate proposal type. Indicate if the proposal presents a conflict of interest? If so, you will need to file a Conflict of Interest Form.
- 16) Indicate if the proposal requires student support.
- 17) Indicate if the proposal will purchase equipment and the total amount.
- 18) Enter the total budget amount requested. If this is a multi-year request please enter the amount in the corresponding year.
- 19) Enter the total indirect cost amount.
- 20) Indicate the indirect percentage rate.
- 21) Indicate if this is a cost sharing proposal and if it is a requirement of the grant.
- 22) Indicate the amount of required match funds.
- 23) You will need the signature of the AVP for Academic Resources if this is an academic affairs proposal. Additionally, if you proposal requires the securing space.....you may also need approval.
- 24) Indicate if human subjects will be used in the study for research purposes?
- 25) Indicate if you have received IRB approval.
- 26) Indicate if the proposal includes hiring consultants, and enter the total amount.
- 27) Indicate if you issue subcontracts; calculate the percentage of the total amount of your grant request.
- 28) ORSP will complete.
- 29) Indicate if there will be hazardous substances used? Please explain substances in detail.
- 30) Indicate if the proposal will dispose of hazardous wastes generated.
- 31) Indicate if the appropriate forms related to Environmental Health & Safety are attached
- 32) Indicate if lab space for the proposal has been secured. Please explain in detail.
- 33) Indicate if the proposal will require IT support. Detail what type of support is required.
- 34) Chief Information Officer (signature):

**PART III: Time Effort Certification**

The PI MUST complete this section and have the Program Chair verify. The Time Effort Certification certifies how much, if any, of the PI's time is committed on other sponsored Projects at the time of the grant submission. This also serves as verification that the Program Chair has reviewed and approved of the PI's time commitment as outlined in the current proposal.

**Administrative Reviewers Signature**

The proposal must be routed in the required order. Please pay close attention to number 5 and 6, the signatory will change depending on the department affiliation. Reviewer number 7 must approval all grant or contract requests. *The PI must be available throughout the duration of the administrative review or appoint someone that can make changes to the program narrative, project design, and budget as requested by the reviewers.*

**PART I. CONTACT INFORMATION**

<b>1) Principal Investigator Name:</b>		<b>2) Phone/Fax:</b>		<b>3) Email:</b>	
<b>4) Funding Period (start &amp; end):</b>		<b>5) Name of Funder:</b> <input type="checkbox"/>		<b>Non-profit status (501 c3) required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6) Proposal Title:</b>		<b>7) Proposal Description:</b> To			
<b>8) Agency Contact (name, title, address):</b>		<b>9) Agency Phone/Email:</b>			

**PART II. SUBMISSION INFORMATION**

<b>10) Deadline/Postmark:</b>		<b>11) Due Date:</b>		<b>12) No. of Copies:</b>	
<b>13) Status of Submission:</b> <input type="checkbox"/> Acceptance expected <input type="checkbox"/> Response to RFP <input type="checkbox"/> Unsolicited <input type="checkbox"/> Other:					
<b>14) Sources of Funds (Check one):</b> <input type="checkbox"/> Foundation <input checked="" type="checkbox"/> State Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Local Government <input type="checkbox"/> Other:					
<b>15) Proposal Type:</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal to Project <input type="checkbox"/> Conflict of Interest? If yes, you must complete the appropriate form.					
<b>16) Student Support:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<b>17) Equipment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Total Amount: \$		
<b>18) Total Budget:</b>		<b>19) Indirect Amount: \$0</b>		<b>20) Indirect Cost Rate: 0%</b>	
<b>Year 1</b>	\$	<b>21) Is this a cost sharing/matching grant proposal?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory			
<b>Year 2</b>	\$	<b>22) Please list the sources of cost sharing funds:</b> Amount: \$			
<b>Year 3</b>	\$	<b>23) Academic Resources (signature):</b>			
<b>Year 4</b>	\$	<b>24) Will human subjects/data be used in the study?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Year 5</b>	\$	<b>25) If yes, has the Institutional Review Board approved the study?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>26) Does the proposal include hiring consultants?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Consultant Amount: \$					
<b>27) Issuing subcontracts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No % of total: \$					
<b>28) PI Info.</b>	<b>Last name, First Name</b>	<b>Org./Dept</b>	<b>Phone</b>	<b>Email</b>	<b>Effort % on grant</b>
<b>PI</b>					
<b>Co-PI 1</b>					
<b>Co-PI 2</b>					
<b>29) Does the proposal include the use of hazardous substances or procedures?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If yes, explain:</b>		
<b>30) Does the proposal include funds for disposal of all hazardous wastes generated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>31) If there are hazardous substances or procedures, is the required Environmental Health &amp; Safety Form attached?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>32) Does the PI now control all office and lab space necessary for the proposal research?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If no, explain:</b>		
<b>33) Will this proposal require campus IT support?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If yes, what is required?</b>		

**34) If yes, Chief Information Officer (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments and /or Special Information:**

**PART III: Time and Effort Certification on Other Grants**

<b>Faculty/ Staff:</b>	<b>% Effort:</b>	<b>Grant Project:</b>	<b>End date:</b>
<b>Staff: Faculty/ Staff:</b>	<b>% Effort:</b>	<b>Grant Project:</b>	<b>End date:</b>
<b>Faculty/ Staff:</b>	<b>% Effort:</b>	<b>Grant Project:</b>	<b>End date:</b>

**Program Chair's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signatures (in required order):** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>1) Principal Investigator:</b>	
<b>2) IRB, if required:</b>	
<b>3) AVP for Research and Sponsored Programs or Designee:</b>	
<b>4) Foundation Director (If 501 c 3 is required):</b>	
<b>5) Dean:</b>	
<b>6) VP for Academic/Student Affairs/ or Appropriate Division Administration:</b>	
<b>7) VP for Finance and Administration or Designee:</b>	