

See instructions on other side **PROPOSAL AUTHORIZATION DRAFT 5/23/03** Attachment B
 Attach preliminary budget and a brief description of the project to this form

| | | | | | |
|---|--|-----------------|--|--|--|
| 1. Unit Name (County, center, dept, etc.) | | 2. Today's date | | 3. Submission Due Date | |
| 4. Requested by | | | 5. Office Phone | | |
| | | | 6. Office FAX | | |
| 7. Title of proposal (Attach a brief description 1 page or less of the project) | | | | | |
| 8. Anticipated start date: | | | 9. Anticipated end date: | | |
| 10. Sponsor | | | 11. This sponsor is: <input type="checkbox"/> New <input type="checkbox"/> Continuing | | |
| 12. Funding type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local government <input type="checkbox"/> Local business/corporate <input type="checkbox"/> Foundation <input type="checkbox"/> CSREES <input type="checkbox"/> Non-profit <input type="checkbox"/> Other (specify) | | | | | |
| 13. Submission requirements <input type="checkbox"/> 501(C)3 documentation <input type="checkbox"/> Assurance forms <input type="checkbox"/> Liability insurance Check all that apply <input type="checkbox"/> Confidentiality statements <input type="checkbox"/> Other (specify) | | | | | |
| 14. OSURF forms completed: (see instructions for explanation) <input type="checkbox"/> PA- 005 <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> ORRP | | | | | |
| 15. USES OF FUNDS BEING REQUESTED (check all that apply): | | | | | |
| A. Amount of proposal: \$_____ Note: A preliminary budget needs to be attached. | | | | | |
| C. Personnel <input type="checkbox"/> Release time <input type="checkbox"/> New hire <input type="checkbox"/> Transfer existing employee <input type="checkbox"/> Other | | | | | |
| D. Travel and other support | | | | | |
| E. Supplies and materials | | | | | |
| F. Equipment (over \$3000 per item) | | | | | |
| G. Sub-contracts | | | | | |
| H. Other (explain) | | | | | |
| I. Administrative costs _____% | | | J. Administrative costs policy provided <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 16. APPROVING SIGNATURES (A faxed signature or an email with a message of approval may be used.) | | | | | |
| Person responsible for the project work | | | | Date | |
| Person responsible for home unit budget | | | | Date | |
| District Director | | | | Date | |
| Assistant Director | | | | Date | |
| Com-Tech (when involved) | | | | Date | |
| State/District specialists (when involved) | | | | Date | |
| Specialists' department chairs | | | | Date | |
| Participating co-workers (when involved) | | | | Date | |
| Extension Director/Extension Business Office | | | | Date | |
| Not Approved (returned to requestor) | | | | | |
| For Business Office use: | | Date: | | Funded: <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Submitted: <input type="checkbox"/> OSURF <input type="checkbox"/> Legal Affairs <input type="checkbox"/> Directly to USDA <input type="checkbox"/> Other (specify) | | | | | |

Directions for completing the Proposal Submission Authorization Form

Terms found on this form:

- Sponsor (funding source, funder)
- Release Time Appointment (Releasing an employee from regular assignment and regular funding source to work on this project and be paid from these project funds.)

These instructions correspond to the numbered boxes on other side.

1. Examples: Fulton County Extension, ABE Center, Data Center, East District Office
2. The date this form is submitted
3. The date this proposal must be submitted to be considered for funding
4. The project director (the person responsible for the proposal)
5. The phone number of the person submitting this form
6. The FAX number of the person submitting this form
7. Self-explanatory
8. Self-explanatory
9. Self-explanatory
10. The name of the agency, business, company, foundation, etc. to which this proposal is being submitted and who will provide funding if the project is approved.
11. New sponsor: The applying unit is not currently receiving funding from this source.
Continuing sponsor: The applying unit is receiving funding from this source.
12. The type of organization that is offering the fund.
Examples:
 - a. Federal (U.S.D.A., USEPA)
 - b. State (Ohio Department of Health, Ohio EPA, Ohio Board of Regents),
 - c. Local government (County Commissioners, City Recreation Dept, Twp Trustees)
 - d. Local Non-profit (Local United Way, Kiwanis, Kids Camp Inc.)
 - e. Local Business/Corporate (Krogers, REMAX, Johnson's shoes, Play 'n Swim Club)
 - f. Foundation (Community Foundation of Lorain County, Pet Supply Foundation)
13. Documentation the sponsor may require is provided as part of the proposal. Check all that apply.
14. OSURF forms:
 - a. PA-005 is the Authorization to Seek off-campus funding;
 - b. Conflict of Interest Form,
 - c. Office or Responsible Research Practices application for review or exemption.
15. Use of funds
 - a. Amount being requested in this proposal
 - b. A preliminary budget must be developed before project may be approved.
 - c. Before the proposal can be considered, a budget must be included.
 - Extension personnel are paid from this project.
 - Release time appt: An employee will have some time paid from this project.
 - New hire: New personnel will be hired. Work with Extension HR.
 - Transfer: An existing employee will be transferred to this project fund. Check with Extension HR.
 - Other: Check with Extension HR.
 - d. Travel: Use current mileage reimbursement rate; Other support includes lodging, parking expenses, etc.
 - e. Supplies & materials: Includes office supplies, demonstration and display materials, handouts, food, etc. and equipment under \$3000 individual cost.
 - f. Equipment over \$3000 per item. Check with RDM
 - g. Sub-contracts: Part of the work will be done by an independent contractor (Examples: Computer maintenance, facility rental, lab testing)
 - h. Other: Might include out-of-state travel, printing, honorariums, etc.
 - i. Administrative Costs: Amount allowable by the funding organization up to 26%. Minimum amount is 10%. See cost recovery information.
 - j. Administrative Costs policies: Documentation about allowable costs.
16. Approval signatures with dates: The signatures that will be needed will depend on work assignment, work location, and the nature of the proposal. Units and individuals that will be expected to do work as part of this project will need to provide approving signatures.

Return this completed form to: Jackie LaMuth, Coordinator, Resource Development and Management, 2120 Fyffe Road, Room 24, Columbus, OH 43210, phone: 614-292-6470, FAX 614-688-2529. E-mail: lamuth.1@osu.edu

To see a sample of a completed form: Go to: <http://www.ag.ohio-state.edu/~grants/>
If you have questions about the form, contact Jackie LaMuth.