



Temple University
Office of the Senior Vice Provost for
Research and Graduate Education
Sponsored Projects Administration (SPA)

Main: 204-6938 HSC: 707-3390

www.research.temple.edu/spa

**For SPA Use
Only**

**Date Submitted
to Sponsor:**

SPAF # :

SPONSORED PROJECTS APPROVAL FORM (SPAF)

Please follow the submission instructions on Page 4. This form may be downloaded from the SPA Web site above.

I. Submission

| | | |
|------------------------------|------------------------------|---|
| Date Submitted to SPA | Sponsor Deadline Date | SPA Office Submitted to <input type="checkbox"/> Main Campus <input type="checkbox"/> HSC |
| Sponsor | | Program, Institute or Subdivision |
| Proposal Title | | How did you learn of this program? |

II. Investigators

| | Name | Department | School | Share* |
|----------|------|------------|--------|--------|
| PI/PD | | | | |
| Co-PI #1 | | | | |
| Co-PI #2 | | | | |
| Co-PI #3 | | | | |
| Co-PI #4 | | | | |

* "Share" is used to allocate indirect cost recovery among investigators, Departments and Schools. If not provided, SPA will determine.

| | | |
|---------------------|------|---------|
| PI/PD Phone: | Fax: | E-mail: |
|---------------------|------|---------|

III. Description

| | | | |
|---|---|--|---|
| Project Type: <input type="checkbox"/> Research 1* <input type="checkbox"/> Research 2* <input type="checkbox"/> Equipment <input type="checkbox"/> Instruction/Training <input type="checkbox"/> Service <input type="checkbox"/> Student Scholarship or Fellowship <input type="checkbox"/> Other | Sponsor Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> Health Organization <input type="checkbox"/> Industry/Corporation <input type="checkbox"/> Foundation | Proposal Type: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Resubmission <input type="checkbox"/> Supplemental or Amendment | Award Type: <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Subcontract, Subaward or Consortium Agreement <input type="checkbox"/> Other |
|---|---|--|---|

* For the purpose of determining the appropriate F&A (indirect) costs rate, research projects are classified "Research 1" if they make substantial use of laboratory, computer or other University research facilities and "Research 2" if they do not. See SPA Web site.

If Proposal Type is other than "New" or "Transfer" please provide one of the following for the previous proposal or award:

Sponsor Award #:

Temple Center #:

Temple SPAF #:

IV. Budget

| | | | |
|-----------------------------|---------------|--------------|---|
| Sponsor Cost: | Year 1 | Total | Project Period Begins: |
| Total Costs | \$ | \$ | Project Period Ends: |
| Direct Costs | \$ | \$ | Budget Period Begins: |
| MTDC (See Budget on Page 8) | \$ | \$ | Budget Period Ends: |
| F&A (indirect) Costs | \$ | \$ | F&A Costs Rate: % (See SPA Web Site) |

V. PI/PD and Co-PI Approvals (to be obtained by PI/PD)

Each Investigator approval below means that the Investigator:

- (a) has verified the correctness of the budget and of all the answers and explanations given to the Checklist Questions;
- (b) has read, understands and agrees to be bound by all current Temple University and Sponsor policies governing the project;
- (c) has read, understands and agrees to be bound by the current Temple University Drug-Free Workplace and Alcohol Policy, and further agrees to inform all project participants of this policy, as required by Federal regulations; and
- (d) has read, understands and agrees to be bound by the current Temple University Invention and Patent Policy, and further agrees to inform all project participants of this policy.

| | | |
|----------|-----------|------|
| PI/PD | Signature | Date |
| Co-PI #1 | Signature | Date |
| Co-PI #2 | Signature | Date |
| Co-PI #3 | Signature | Date |
| Co-PI #4 | Signature | Date |

VI. PI/PD's Department/Center and School/College Approvals (to be obtained by PI/PD)

Each Department/Center and School/College approval below means that, except as noted in the comments, the Department/Center or School/College agrees:

- (a) that the project is consistent with its objectives; and
- (b) that it will provide the commitments to the project that are identified for that Department/Center or School/College in the explanations to the "yes" answers to Checklist Questions 15 through 25 and in Part I of the Budget on Page 7.

Principal Investigator's Department/Center Comments:

| | | |
|--|-----------|------|
| Name: CHAIR | Signature | Date |
| Name: ADMINISTRATOR (if authorized) | Signature | Date |

Principal Investigator's Department/Center Comments:

| | | |
|--|-----------|------|
| Name: DEAN | Signature | Date |
| Name: ADMINISTRATOR (if authorized) | Signature | Date |

VII. Co-PI's Department/Center and College/School Approvals (to be obtained by PI/PD, as needed)

Each Department/Center and School/College approval below means that, except as noted in the comments, the Department/Center or School/College agrees:

- (a) that the project is consistent with its objectives; and
- (b) that it will provide the commitments to the project that are identified for that Department/Center or School/College in the explanations to the "yes" answers to Checklist Questions 15 through 25 and in Part I of the Budget on Page 7.

Co-PI's Department/Center or College/School Name:

Comments:

| | | |
|--|-----------|------|
| Name: Title: | Signature | Date |
| Name: ADMINISTRATOR (if authorized) | Signature | Date |

Co-PI's Department/Center or College/School Name:

Comments:

| | | |
|--|-----------|------|
| Name: Title: | Signature | Date |
| Name: ADMINISTRATOR (if authorized) | Signature | Date |

Co-PI's Department/Center or College/School Name:

Comments:

| | | |
|--|-----------|------|
| Name: Title: | Signature | Date |
| Name: ADMINISTRATOR (if authorized) | Signature | Date |

Co-PI's Department/Center or College/School Name:

Comments:

| | | |
|--|-----------|------|
| Name: Title: | Signature | Date |
| Name: ADMINISTRATOR (if authorized) | Signature | Date |

VIII. Additional Approvals (to be obtained by SPA, as needed)

| | | |
|--------------------------------------|-----------|------|
| Name: VICE PRESIDENT FOR RESEARCH | Signature | Date |
| Name: PROVOST | Signature | Date |
| Name: VICE PROVOST, HSC | Signature | Date |
| Name: DEAN, GRADUATE SCHOOL | Signature | Date |
| Name: VICE PRESIDENT, DEVELOPMENT | Signature | Date |
| Name: Title: | Signature | Date |
| Name: Title: | Signature | Date |
| Name: Title: | Signature | Date |
| Name: Title: | Signature | Date |

IX. Instructions for Proposal Submission**A. Principal Investigator:**

1. As early as possible, discuss the contemplated proposal with your Department/Center and, where appropriate, with your School/College, in order to obtain their tentative approval. Once such approval is obtained, you should discuss the contemplated proposal with SPA, as to the method of presentation and, where necessary, to obtain additional tentative University approvals.
2. **COMPLETE THE SPAF and ATTACH A ONE-PAGE PROJECT ABSTRACT.**
3. At least ten (10) business days before Sponsor's deadline:
 - (a) Submit one (1) copy of completed SPAF with abstract and all other attachments to your Department/Center, to initiate the formal Department/Center and School/College review and approval process; and
 - (b) Submit one (1) copy of the completed SPAF with abstract and all other attachments to the SPA office checked on Page 1, to initiate the additional formal University review and approval process. Please note: This process does not replace but complements the Department/Center and School/College review and approval process.
4. At least three (3) business days before Sponsor's deadline, submit one (1) copy of the complete proposal to the SPA office checked on Page 1.

B. Department/School: No later than five- (5) business day after receipt, send approved SPAF to School/College.

C. School/College: No later than five (5) business days after receipt, send approved SPAF to the SPA office checked on Page 1.

**SPA WILL NOT SUBMIT ANY PROPOSALS WITHOUT PRIOR FORMAL APPROVAL BY
ALL RELEVANT DEPARTMENTS/CENTERS AND SCHOOLS/COLLEGES.**

| X. SPAF Checklist Questions (Instructions on Page 6) | | |
|---|--|--|
| Do any of the following apply to the project? For each "yes" answer to Questions 6-30, please provide a detailed explanation on Page 6. | | |
| YES NO | REGULATORY COMPLIANCE | |
| 1. <input type="checkbox"/> <input type="checkbox"/> | Human Subjects. If yes, IRB application is: <input type="checkbox"/> pending or <input type="checkbox"/> approved. If approved, IRB # _____ and date _____ | |
| 2. <input type="checkbox"/> <input type="checkbox"/> | Animals. If yes, IACUC application is: <input type="checkbox"/> pending or <input type="checkbox"/> approved. If approved, IACUC # _____ and date _____ | |
| 3. <input type="checkbox"/> <input type="checkbox"/> | Bio-hazards, infectious agents or recombinant DNA. If yes, IBC registration is: <input type="checkbox"/> pending or <input type="checkbox"/> approved. If approved, IBC # _____ and date _____ | |
| 4. <input type="checkbox"/> <input type="checkbox"/> | Radioactive materials, radiation-producing machines, hazardous chemicals or controlled substances: If yes, EHS assurance is: <input type="checkbox"/> pending or <input type="checkbox"/> approved. If approved, attach a copy of the approved Assurance on Hazardous Procedures Form . | |
| 5. <input type="checkbox"/> <input type="checkbox"/> | Any real, apparent or potential conflict of interest. Do not answer without first reading and understanding the Instructions. | |
| 6. <input type="checkbox"/> <input type="checkbox"/> | Within the past three (3) years, any involvement of any of the project investigators that resulted in debarment or suspension from receiving Federal funds, or termination for default. | |
| 7. <input type="checkbox"/> <input type="checkbox"/> | Federal funds to be used for lobbying activities. | |
| 8. <input type="checkbox"/> <input type="checkbox"/> | Program income anticipated from any activities funded in whole or in part by the project. | |
| YES NO | BUDGET REQUEST TO SPONSOR | |
| 9. <input type="checkbox"/> <input type="checkbox"/> | Any item of equipment that costs more than \$2,500. | |
| 10. <input type="checkbox"/> <input type="checkbox"/> | Tuition costs. See Instructions. | |
| 11. <input type="checkbox"/> <input type="checkbox"/> | As direct costs, any administrative, clerical or other support normally considered F&A (indirect) costs. See Instructions. | |
| 12. <input type="checkbox"/> <input type="checkbox"/> | Utilization of consultants. See Instructions. | |
| 13. <input type="checkbox"/> <input type="checkbox"/> | 50% or more of all project activities are off-campus. See Instructions. | |
| 14. <input type="checkbox"/> <input type="checkbox"/> | F&A (indirect) costs rate different from currently approved Federal rate for this type of project. See Instructions. | |
| YES NO | USE OF UNIVERSITY RESOURCES | |
| 15. <input type="checkbox"/> <input type="checkbox"/> | Tuition remission from the University. If yes, show number of students _____ and total number of credits _____ | |
| 16. <input type="checkbox"/> <input type="checkbox"/> | Equipment to be purchased with University funds. See Instructions. | |
| 17. <input type="checkbox"/> <input type="checkbox"/> | Existing equipment that has a primary user who is <u>not</u> an investigator on the project. If yes, instead of providing an explanation on Page 6, attach to the SPAF the primary user's signed approval for the use of the equipment on the project. | |
| 18. <input type="checkbox"/> <input type="checkbox"/> | Space that is not generally available <u>and</u> is not under the supervision of investigator(s) on the project, or renovation of any space. See Instructions. | |
| 19. <input type="checkbox"/> <input type="checkbox"/> | Personnel effort. See Instructions. | |
| 20. <input type="checkbox"/> <input type="checkbox"/> | Impact on faculty teaching load. See Instructions. | |
| 21. <input type="checkbox"/> <input type="checkbox"/> | Use of resources or staff of the Office of Computer and Information Services (OCIS). See Instructions. | |
| 22. <input type="checkbox"/> <input type="checkbox"/> | New courses or degree programs. | |
| 23. <input type="checkbox"/> <input type="checkbox"/> | Commitment by the University to continue the project or retain personnel beyond the expiration of the project. | |
| 24. <input type="checkbox"/> <input type="checkbox"/> | Other use of University resources not shown above. See Instructions. | |
| 25. <input type="checkbox"/> <input type="checkbox"/> | Any University "cost sharing" (or "match") required by Sponsor or voluntarily provided. See Instructions. | |
| YES NO | CONTRACTUAL ISSUES | |
| 26. <input type="checkbox"/> <input type="checkbox"/> | Contracts, subcontracts, subawards or consortium agreements, when the University is primary recipient of funds. | |
| 27. <input type="checkbox"/> <input type="checkbox"/> | A subcontract, subaward or consortium agreement, when another institution is primary recipient of funds. See Instructions. | |
| 28. <input type="checkbox"/> <input type="checkbox"/> | Will the research activity result in any: | |
| <input type="checkbox"/> <input type="checkbox"/> | Publications | |
| <input type="checkbox"/> <input type="checkbox"/> | Patentable results or inventions | |
| <input type="checkbox"/> <input type="checkbox"/> | Commercialization efforts | |

| XI. Instructions for Answering Checklist Questions | |
|--|--|
| 5. | Each Investigator must disclose any significant financial interest that would be, or would reasonably appear to be affected by |

| | |
|-----|---|
| | project activities proposed for funding by PHS or NSF, or reportable in any way to FDA. See SPA Web site for details. If yes, attach a completed Investigator Significant Financial Interest Disclosure Form , which may be downloaded from the SPA Web site. |
| 10. | Tuition costs are generally not allowed on projects, other than training grants, that are funded by Federal, state or local agencies, unless services are required. See specific program guidelines and SPA Web site for details. |
| 11. | Administrative, clerical or other support costs normally considered F&A are generally not allowed as direct costs on projects funded by Federal, state or local agencies. See specific program guidelines and SPA Web site for details. |
| 12. | Explanation must justify the use of consultants and must indicate, for each person, the nature of the work to be carried out, the amount to be paid, and whether the consultant is a University employee (show department and school). |
| 13. | Explanation must list each off-campus activity and its percentage contribution to the project. Overall on-campus or off-campus status, determined by SPA on the basis of this explanation, is used to select the appropriate F&A rate. See SPA Web site for details. |
| 14. | For currently approved federal F&A ("Facilities and Administration," formerly known as "indirect") costs rates see SPA Web site. Any rate lower than the approved Federal rate represents a University contribution to the project and is subject to SPA approval, which will depend on the explanation that is provided. Any Sponsor guidelines restricting the rate must be specified in the explanation and a copy of such guidelines must be attached. |
| 16. | Explanation must include the description, purpose and cost of each item, and must identify the Budget Unit that will provide the funds. Identify any equipment item that is designated in the proposal as "cost-sharing" or "match" (see Instructions for Question). |
| 18. | If yes, instead of providing an explanation below, attach a letter addressed to "Chair, Space Allocation Committee," requesting the space or renovations. The letter must specify in detail the nature of the space or renovations that are requested, the intended use, the period of use, the specific project activities that require the space or renovations, and which Budget Unit will provide the space or the renovation funds. |
| 19. | Explanation must specify, for each person, the percentage effort on the project and whether the effort is on an academic year or on a 12-month basis. This question does not pertain to faculty teaching load reductions (see Question 20). |
| 20. | Explanation must specify, for each faculty person, the requested reduction from the current teaching load (number of courses or credits per semester or per year). |
| 21. | If yes, instead of providing an explanation below, attach a letter addressed to "Vice President, Computer and Information Services," requesting the use of OCIS resources or staff. The letter must specify in detail the resources or staff that are requested, the intended use, the period of use, and which project activities require them. |
| 24. | Explanation must include the description, purpose and cost of each item, and which Budget Unit will provide the funds. |
| 25. | Explanation must indicate whether "cost-sharing" or "match" is required by Sponsor , in which case a copy of the relevant program guidelines must be attached. Voluntary cost-sharing must be clearly justified in terms of proposal competitiveness. |
| 27. | Explanation must include the name (and, for federally funded projects, the CFDA Number) of the primary recipient. |

XII. Explanations to "Yes" Answers in the Checklist Questions

XIII. SPAF Budget Form – Part I: Requested University Contributions

| | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|-----------|---|--------|--------|--------|--------|--------|-------|
| A. | PERSONNEL: (See Checklist Question 9) | | | | | | |
| A1. | | | | | | | |
| A2. | | | | | | | |
| A3. | | | | | | | |
| A4. | | | | | | | |
| A5. | | | | | | | |
| A6. | Secretarial, Clerical | | | | | | |
| A7. | Total Salaries (Total of A1 through A6) | | | | | | |
| A8. | Fringe Benefits (Consult SPA Web page) | | | | | | |
| A9. | Total Personnel (A7 + A8) | | | | | | |
| B. | Equipment (See Checklist Question 16) | | | | | | |
| C. | Alteration/Renovations (See Checklist Question 18) | | | | | | |
| D. | Tuition Remission (See Checklist Question 15) | | | | | | |
| E. | OTHER: | | | | | | |
| E1. | | | | | | | |
| E2. | | | | | | | |
| F. | F&A Costs Reduction* | | | | | | |
| G. | Total University Costs (Total of A9 through F) | | | | | | |

* F&A Costs reduction = F&A cost computed at the approved federal rate less F&A costs requested from sponsor (See Checklist Question 14)

XIV. SPAF Budget Form – Part II: Funds Requested from Sponsor

| | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|-----------|--|--------|--------|--------|--------|--------|-------|
| A. | PERSONNEL: * | | | | | | |
| A1. | | | | | | | |
| A2. | | | | | | | |
| A3. | | | | | | | |
| A4. | | | | | | | |
| A5. | | | | | | | |
| A6. | Secretarial, Clerical (See Checklist Question 11) | | | | | | |
| A7. | Total Salaries (Total of A1 through A6) | | | | | | |
| A8. | Fringe Benefits (Consult SPA Web page) | | | | | | |
| A9. | Total Personnel (A7 + A8) | | | | | | |
| B. | Equipment (See Checklist Question 9) | | | | | | |
| C. | Material and Supplies | | | | | | |
| D. | Consultant Services (See Checklist Question 12) | | | | | | |
| E. | Travel | | | | | | |
| F. | Participant Costs | | | | | | |
| G. | Patient Care Costs | | | | | | |
| H. | Alterations and Renovations | | | | | | |
| I. | Tuition (See Checklist Question 10) | | | | | | |
| J. | Subcontracts/Subawards/Consortium Agreements | | | | | | |
| K. | OTHER: | | | | | | |
| K1. | | | | | | | |
| K2. | | | | | | | |
| L. | Total Direct Costs (Total A9 through K2) | | | | | | |
| M. | Modified Total Direct Costs (MTDC)** | | | | | | |
| N. | F&A: % of (M) (See Checklist Question 14) | | | | | | |
| O. | Total Project Costs (L + N) | | | | | | |

* For each person, show the percentage effort and specify whether academic year ("AY"), 12 months ("CAL") or summer ("SU").

** The definition of MTDC varies with the Sponsor and with the program, but typically excludes equipment, capital expenditures, charges for patient care, tuition remission, rental costs of off-site facilities, scholarships, fellowships, and the portion of each subgrant and subcontract in excess of \$25,000.