

Submitted to Sponsored Programs: \_\_\_\_\_  New Application  Continuation: year \_\_\_\_\_ of \_\_\_\_\_  
 Sponsor Deadline: \_\_\_\_\_  Revised Budget \_\_/\_\_/\_\_  Individual  Preliminary  
 Project Period: \_\_\_\_\_  Provost Research Award External Submission

**SUNY NEW PALTZ - OFFICE OF SPONSORED PROGRAMS  
 INSTITUTIONAL APPROVAL FORM (IAF)**

Institutional signatures required prior to proposal submission

Project Title: \_\_\_\_\_  
 Project Director: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Co-Project Director: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Department: \_\_\_\_\_ Disclosure: Date received: \_\_\_\_\_  
 PI Telephone #: \_\_\_\_\_ Date Logged: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_  Non-Federal  Federal  Federal Flow-Thru

Project Summary (Suitable for publication to lay audience): \_\_\_\_\_ CFDA # \_\_\_\_\_

**type in this box**

List individuals with course/workload reduction per semester (One 3 credit course for each 20% effort). Specify number of courses & credits.

Potential Human  Yes  No If yes, IRB determination or approval required prior to data collection. \_\_\_\_\_ (intl)  
 IRB submission Date: \_\_\_\_\_ IRB Determination: \_\_\_\_\_  
 Animal Subjects?  Yes \_\_\_\_\_(intl)  No DNA  Yes \_\_\_\_\_(intl)  No Biohazard  Yes \_\_\_\_\_(intl)  No

Budget: Indicate total budget years, costs to sponsor, SUNY New Paltz and others, indirect cost rate.

Budget Items						TOTAL
Salaries & Wages						\$ -
Fringe Benefits						\$ -
<b>Total Personnel</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel						\$ -
Equipment / Supplies						\$ -
Other						\$ -
<b>Total OTPS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Direct Costs</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect % x base						\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
						\$ -

Because of rounding, components may not add to the totals shown.  
 Signatures of Chair & Dean indicate review and approval of proposal narrative and budget, and assumption of fiscal responsibilities for all cost-shared items.

Asst. Director for Grant Services _____ Date _____	Dean _____ Date _____ <input type="checkbox"/> Supplemental Signature Page (attached) <input type="checkbox"/> Additional Space Requirements (attached)
Asst. VP for Sponsored Programs _____ Date _____	
Institutional Officer/Animal Compliance _____ Date _____	Provost/VP for Academic Affairs _____ Date _____
Department Chair _____ Date _____	VP for Administration _____ Date _____