University Advancement

# Office of Corporate & Foundation Relations

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| **Proposal Submission Form** |

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| **Funding Foundation:**  |
| **Contact Name & Title:** |
| **Street , City, Zip:** |
| **Total Request:**  | **Terms:** |
| **Name of Project Director & Title:** |

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| --- | --- | --- |
| **College:** | **Dept:** | **Phone:** |
| **Due Date:** | **Date Mailed:** | **LOI:** | **Proposal:** |

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| **Proposal Title & Purpose:** |

**If the answer to any of the following questions is “YES,” USE BACK OF FORM TO EXPLAIN. Please respond to every item. If you answer, “YES,” to 4, 5, and/or 6, then this request is for a “SPONSORED PROJECT,” not a philanthropic gift. PLEASE CIRCLE ONE**

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| --- | --- | --- |
| 1. Does this proposal commit University funds for matching or cost sharing? (E.g. indirect cost, release time\*) | YES | NO |
| 2. Does the proposal provide OVERTIME compensation for project personnel? Is summer salary, if any , IN EXCESS OF 3/9 | YES | NO |
| 3. Will project require the use of additional physical space? If YES, indicate amount of square footage? | YES | NO |
| 4. Are radiation safety or other safety considerations involved? | YES | NO |
| 5. Are carcinogens, mutagens, infectious diseases, recombinant DNA or hazardous waste involved? | YES | NO |
| 6. If HUMANS or ANIMALS are involved as experimental subjects, indicate status of committee approval on back | YES | NO |

It should be understood that the approvals given on this form represent general approval of technical merit, allocation of university resources and financial budgeting, but do not represent specific approval of personnel title classifications or salary rates. These are expected to conform to university personnel policies and procedures including, but not limited to, classification, job description, and salary and affirmative action requirements.

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| **Director or Principal Investigator**:  | **Date:** |
| **Department Chair**:  | **Date:** |
| **College Development Staff:**   | **Date:** |
| **Dean:**   | **Date:** |
| **AVP Development (Maureen Fitzgerald):**  | **Date:** |

**CALIFORNIA STATE UNIVERSITY, NORTHRIDGE FOUNDATION**

If you checked “YES” for any reason on page 1, use this pace to provide and explanation. Please identify each answer by corresponding question number.

 1.

 2.

 3.

 4.

 5

 6.

**SUMMARY of PROPOSED WORK:** This should express the purpose and the essential elements of the proposal, but should be written in terms that can be understood by a non-specialist.

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| **After all signatures have been obtained, please return this form to:**  |