Project Title ____________________________________________________________

Principal Investigator/Project Director ________________________________________

Dept. __________ Div./Campus __________________________ Phone ________________

Granting Agency ___________________________________________________________

Deadline for Submission: receipt by _____________ or postmarked by _____________

Note: Please see “Proposal Submission Guidelines” url: http://appserv.pace.edu/execute/page.cfm?doc_id=1306 for procedures and deadlines.

Project dates: start ____________ end ____________. Total # of years _______________

<table>
<thead>
<tr>
<th>Funds requested:</th>
<th>Direct Costs</th>
<th>Indirect Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>$___________</td>
<td>$_____________</td>
<td>$___________</td>
</tr>
<tr>
<td>Total Project</td>
<td>$___________</td>
<td>$_____________</td>
<td>$___________</td>
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</tbody>
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Cost Sharing:
- _____ not required by granting agency
- _____ required; amount not specified
- Granting agency requires ______% cost sharing
  - _____ In-kind match $__________ give budgeted amount for each year
  - _____ Matching funds (cash) $________

Pace Budget (s) from which all matching funds or cost sharing will be drawn from:_______

NOTE: Approval of department chair and/or dean is required as to the availability of these institutional funds/services, as indicated by their sign off on this form.

Indirect Cost:
- If you have not requested the full Pace University Indirect Cost Rate (62.6% of salaries on campus; 34.7% of salaries off campus), give reason:
  - _____ Granting Agency limits Indirect Cost to ________%
  - _____ Granting Agency will not provide any Indirect Cost
  - _____ Granting Agency will allow overhead of ________%
  - _____ Other (explain) ____________________________________________

Does this proposal require:
- _____ creation of new organizational units?
- _____ creation of new academic programs?
- _____ hiring of additional personnel?
- _____ equipment purchase requiring installation and/or maintenance costs?
- _____ human subjects review?
- _____ new or renovated facilities?
- _____ certification of animal care and use protocol?
- _____ legal review (e.g., consultants, subcontracts, intellectual property)?
Salary Information: For each faculty and staff participant, give:

<table>
<thead>
<tr>
<th>Name</th>
<th>Academic Year % time on project</th>
<th>Summer % time/# months</th>
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I understand that salaries and benefits in sponsored project budgets may be estimates or projections, and that actual salaries paid and benefits must conform to Pace personnel policy.

I understand that I will not be devoting more than 100% of my regular contractual time to the total of my teaching, sponsored research/training and administrative duties, except for special circumstances in which the donor agency allows, and University permission is obtained, for such an arrangement.

I understand that University sponsored research/training are subject to Pace’s Intellectual Property/Copyright Policy (including royalty sharing).

Date: ______________     __________________________________________________

Signature of Principal Investigator (P.I.)/Project Director (P.D.)

This project has my approval. I have reviewed the budget and determined that the items listed as the University’s contribution are acceptable, and will be covered by: ____________ departmental budget ____________dean’s budget ____________other, if actual cash outlay or staffing changes are required. (Please attach memo explaining how these items will be covered.)

Date

*Department Head __________________________________            _____________

*Dean ____________________________________________            _____________

*Signatures to be obtained by P.I./P.D. prior to submission of budget to our Office and/or Pace’s Budget Office.

University Endorsements:

Budget Office ____________________________________________     _____________

Associate Provost for Sponsored Research and Economic Development_________________________________     _____________

Provost & EVPAA Joseph C. Morreale ________________________    _____________

Return to: Dr. Victor Goldsmith, Associate Provost for Sponsored Research & Economic Development or Mr. Edward Leight, Director for Sponsored Research Administration, 163 William Street, 3rd Floor

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As of 2/9/2005