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>
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</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>$____________</td>
<td>$_____________</td>
<td>$________</td>
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<tr>
<td>Total Project</td>
<td>$____________</td>
<td>$_____________</td>
<td>$________</td>
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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?
**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.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Department Head</th>
<th>Dean</th>
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*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:

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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 04/23/04