

# NJIT DEPARTMENT APPROVAL

## I - COST SHARING STATEMENT

**PRINCIPAL INVESTIGATOR** \_\_\_\_\_

**DEPARTMENT/COLLEGE** \_\_\_\_\_

**SPONSOR AGENCY** \_\_\_\_\_

**PROPOSAL TITLE** (30 Character Limit) \_\_\_\_\_

**1. CONTRIBUTED EFFORT:**

If you propose to share costs with effort, please provide the following information on all NJIT employees who will be contributing their time.

Type of Support	Name	Department	% of Time	Inclusive Dates	Amount

**2. MATCHING FUNDS:**

**Sponsor Agency Required:** \_\_\_\_\_ **Not Required:** \_\_\_\_\_

Indicate the source of funding (account #) for each NJIT share. Account representative signatures and the account number to be charged must be included. This constitutes a commitment of availability of funds should the project be awarded. (i.e. Tuition, Equipment, Supplies).

Type of Support	Name	Department	% of Time	Inclusive Dates	Amount	Account #

**3. WAIVER OF INDIRECT COSTS:**

If proposed indirect costs are less than the University's established indirect cost rate, indicate why.

\_\_\_\_\_ Agency limitation of: \_\_\_\_\_ % (provide written documentation from agency).

\_\_\_\_\_ Other reason: \_\_\_\_\_ Amount \$ \_\_\_\_\_

## II - ARE ANY OF THE FOLLOWING INVOLVED?

IF YES, COMPLETE AND ATTACHED FORM(S) WHERE APPLICABLE AND/OR FOLLOW THE INSTRUCTIONS IN THE APPROPRIATE SAFETY MANUAL\*:

- |           |          |  |
|-----------|----------|--|
| Yes _____ | No _____ | * <b>HUMAN SUBJECTS</b> (Optional Form 310)              |
| Yes _____ | No _____ | * <b>BIOSAFETY (CHEMICAL/RDNA)</b> (Lab Safety Manual)   |
| Yes _____ | No _____ | * <b>RADIOACTIVE MATERIALS</b> (Radiation Safety Manual) |
| Yes _____ | No _____ | * <b>LASERS</b> (Laser Safety Manual)                    |

### III - FACILITIES REQUIREMENTS STATEMENT

- 1 TOTAL SQUARE FOOTAGE REQUIRED \_\_\_\_\_
- 2 NUMBER OF INDIVIDUALS TO BE HOUSED \_\_\_\_\_
- 3 APPROXIMATE DATE FOR OCCUPANCY \_\_\_\_\_
- 4 APPROXIMATE LENGTH OF TIME SPACE WILL BE USED (YEARS) \_\_\_\_\_
- 5 TYPE OF SPACE REQUIRED:
  - OFFICE (NUMBER) \_\_\_\_\_
  - BIOHAZARD \_\_\_\_\_
  - LABORATORY (WET/DRY) \_\_\_\_\_
  - HAZARDOUS SUBSTANCES \_\_\_\_\_
  - OTHER (SPECIAL UTILITIES) \_\_\_\_\_

6 IF NON-UNIVERSITY FACILITIES ARE TO BE USED OR CAN BE USED, DOES BUDGET INCLUDE NECESSARY COSTS?

- |   |   |
|---|---|
| # | USE OF FACILITIES (NON-UNIVERSITY) IS AN ALLOWABLE DIRECT CHARGE TO THE BUDGET. |
| # | DOCUMENTATION OF SQUARE FOOTAGE COST WILL BE REQUIRED.                          |

#### APPROVALS:

Investigators	Affiliated Departments	Research Effort in % (must add up to 100%) <sup>†</sup>
PI:		
Co-PI:		
Co-PI:		
Co-PI:		
Co-PI:		
Co-PI:		

Principal Investigator	Date	Sr. Vice President for R&D	Date
Dept. Chair/Director	Date	Office of Sponsored Programs	Date
Dean	Date	Additional Review	Date
Account Representative	Date		

***\* To be completed by the Office of Sponsored Programs:***

Direct Costs _____	Indirect Costs _____	Total Costs _____
Agency _____	Agency _____	Agency _____
Cost Share _____	Cost Share _____	Cost Share _____

<sup>†</sup> used to determine the share of the total budget credited to each investigator and respective department.