



GEORGIA STATE UNIVERSITY

OFFICE OF RESEARCH AND SPONSORED PROGRAMS

Request for Approval under Institutional Prior Approval System

Project Number:		ORSP Use:	
Principal Investigator:		Department:	
Project Title:			
Sponsor:			
EQUIPMENT ACQUISITION			
Type and Cost of Equipment:		Description and Justification for Equipment:	
NO-COST EXTENSION			
End Date Requested:			
Description and Justification for Proposed Action:			
CHECK ONE: PRE-AWARD		<input type="checkbox"/>	or ADVANCE ACCOUNT <input type="checkbox"/>
Effective Date:	Anticipated Date of Award:	Total Costs:	
Description and Justification for Proposed Action:			
Signature of Department Chair below guarantees that all costs incurred will be covered by department if award is not received			
REBUDGETING (note: rebudgeting because of changes in types of S&W is encouraged but not required)			
	Original	New	Description and Justification for Proposed Action:
<i>Salaries and Wages</i>			
<i>PSF Faculty</i>			
<i>PLS Summer Faculty</i>			
<i>PSS Salaried</i>			
<i>PLG Graduate Assistant</i>			
<i>PLP Part-time Instructor</i>			
<i>PLM Miscellaneous Lump</i>			
<i>Fringe Benefits</i>			
<i>Travel</i>			
<i>Operating Supplies & other</i>			
<i>Consultants</i>			
<i>Subcontracts</i>			
<i>Stipend/participant support</i>			
<i>Equipment</i>			
Total Direct Costs			
F&A (00.00%MTDC)			
Total Sponsored Funding			
CERTIFICATION AND APPROVALS			
I hereby certify that the proposed action is consistent with the grant terms and conditions and all applicable GSU policies. <i>Please sign and date</i>			
Principal Investigator		Whichever is appropriate:	
Department Chair		Research Financial Services	
Dean		Office of Sponsored Programs	

March 14, 2011