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**State Science Information Needs Program**

**Budget Sign-Off Form**

**ONE** copy of this form must accompany each budget submitted by a CSU campus with the exception of the campus submitting the full proposal. This form must be completed and signed by a campus pre-award office staff member with the authority to sign this form.

All information except the signature and date must be typed. This form must be included with the rest of the application materials in one single pdf file sent to [csucoast@csumb.edu](mailto:csucoast@csumb.edu) by the campus submitting the full proposal.

|  |  |  |
| --- | --- | --- |
| **Project title:** |  | |
|  | | |
| **CSU campus submitting full proposal to COAST:** | |  |
|  | | |
| **CSU campus submitting this form (should NOT be the same as campus submitting full proposal):** | |  |
|  | | |
| **Total amount of funding requested by all CSU campuses on this proposal:** | |  |
|  | | |
| **Amount of funding requested by campus**  **submitting this form:** | |  |
|  | | |

**By signing below, I confirm that the attached budget has been routed for approval in accordance with campus procedures and policies for proposals for extramural funding.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Title:** | | | | |
|  | |  |  |  | | | |
| **Email:** | | | **Phone:** | | | | |
|  | |  |  |  | | | |
| **Signature:** |  | | | |  | **Date:** |  |