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**GRANT DEVELOPMENT PROGRAM 2025**

**Principal Investigator Support Pages**

**This three-page form must be completed for each Principal Investigator (PI) requesting academic year release time, additional academic year employment or summer salary support.** By signing this form, all parties agree to the following:

* I approve the PI’s request for academic year reassigned time, additional academic year employment or summer salary.
* COAST Grant Development Program funding originates from legislatively appropriated funds and will be transferred to the award recipient’s campus by Interagency Financial Transaction (IFT).
* Awardees will work with their campus accounting staff to designate the location for award financial management. This location may include the awardee’s college, department, or an auxiliary, research foundation, or corporation (hereafter referred to as auxiliary).
* If the award is administered by the awardee’s college, the awardee’s department may be asked to assist in implementing the award.
* If an auxiliary is designated for award financial management, the auxiliary will incur project expenses and then invoice the state side.
* **Regardless of where awards are managed, they are not subject to campus indirect costs (facilities and administrative fees)1 or any other type of fee from any source.**

All information except signatures must be typed. Wet, digital and electronic signatures are acceptable. Forms must be scanned and included with the rest of the application materials in one single pdf file sent to csucoast@csumb.edu.

|  |  |
| --- | --- |
| **Principal Investigator:** | Email:  |
|  |  |  |  |
| Semester or Quarter System: | Primary phone number: |
|  |  |  |  |
| Total amount of academic year release time, additional academic year employment or summer salary support requested (sum of requests from 1, 2 and 3 on the following page): |
|  |  |  |

 Provisional Guidance on Allowability of Indirect (F&A) Costs on CSU Internal Grant Proposals: Grants issued from CSU lottery funds, student fees (including State University fees) or other legislatively appropriated funds, as a result of a competition within the CSU, shall not be subject to indirect/F&A costs. Indirect cost will not be allowed as a grant-funded expense in proposals submitted in response to RFPs from programs that receive the majority of their support from student/university fee revenue or lottery funds. However, the F&A foregone at the campus/auxiliary's federally negotiated off-campus rate may be shown as cost match on the proposal. This amount may also be used by the auxiliary or enterprise fund as an offset to the university’s cost allocation plan, in accordance with EO 753/1000.

**Principal Investigator Support Request**

Please complete the following information for each type of funding requested. If support is requested for more than one academic term, specify how much support is requested for each term.

**1) Academic year reassigned time**

|  |  |
| --- | --- |
| # WTUs requested:  |  |
| Cost per WTU (use rates on p. 4 of RFP): |  |
| **Total request** (multiply number of WTUs by cost per unit): |  |
| Academic term(s) in which the support requested will be provided (e.g., Fall 2025) |  |

**2) Academic year additional employment**

|  |  |
| --- | --- |
| # Days or months requested (e.g., 10 days OR 0.5 mos.):  |  |
| Cost per unit time (include benefits if necessary): |  |
| **Total request** (multiply number of units by cost per unit): |  |
| Academic term(s) in which the support requested will be provided (e.g., Fall 2025)  |  |

**3) Summer salary**

|  |  |
| --- | --- |
| # Days or months requested (e.g., 10 days OR 0.5 mos.):  |  |
| Cost per unit time (include benefits if necessary): |  |
| **Total request** (multiply number of units by cost per unit): |  |
| Academic term(s) in which the support requested will be provided (e.g., Summer 2025)  |  |

|  |  |
| --- | --- |
| **Total amount of PI support requested** **(sum of total requests from sections 1, 2 and 3 above):** |  |

**Signatures**

|  |  |  |
| --- | --- | --- |
| **Chair:**  |  | Department: |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| Signature: |  |  | Date: |  |
| **Dean:** |  | College: |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| Signature: |  |  | Date: |  |
| **Dean’s Resource Manager/Budget Analyst:** |  |  |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| Signature: |  |  | Date: |  |
|  |  |  |
| **Campus Pre-Award Officer:** |  |  |
|  |  |  |  |  |
| Email: |  | Phone: |
|  |  |  |  |  |
| Signature: |  |  | Date: |  |