CAL MARITIME

CALIFORNIA STATE UNIVERSITY, MARITIME ACADEMY
Office of Sponsored Programs (SP)
AWARD ACCEPTANCE FORM (AAF)

Phone:
707-654-1796 Email:
ehoppe@csum.edu

NOTE: IF THIS IS A GRANT PLEASE ATTACH THE PROPOSAL APPROVAL AND ROUTING FORM (PARF).

Action Date:

PROJECT INFORMATION

Principal Investigator Name:	First:	Last:
Campus Phone:	Email:	
Co-Investigator Name:	First:	Last:
Campus Phone:	Email:	
Co-Investigator Name:	First:	Last:
Campus Phone:	Email:	

Title of Proposal:

Brief Non-Technical Description:

Agency:

Start Date:	End Date:

Project Type (Choose One)	Project Category (Choose One)	Sponsor Type (Choose One)
New Project	Research Basic	Federal
Renewal	Research Applied	State
Supplement	Development	Local Government
Resubmission	Program/Curriculum Dev.	Business Grant (not Gift)
Revised Proposal	Conference/Workshop	Non-Government R&D
Amendment	Equipment	Fee for Service (Ballast)
	Student Services	Foundation
	Ballast Water	Foreign

If project is NOT NEW supply fund and department number:

COMPLIANCE

This is a   Grant   Contract   Cooperative Agreement   Subcontract
This Agency has Reporting Requirements   Yes   No   Other than Financial & Final   Yes   No
This is a Collaboration with another Institution   Yes   No
Working with an external agency, institutions or other party to perform a part of this project?   Yes   No
IT Support Required   Yes   No
Project involves creation of a course, new minor, new major, new program   Yes   No
Any post-grant commitments   Yes   No
Project may produce material eligible for patent or copyright   Yes   No

PROJECT BUDGET

Budget Category	Budget
Direct Costs	
Facilities and Administration	
Total Project Costs	
Cost Share/Match	
Total Project Costs	

APPROVAL SIGNATURES

	Signature(s) Required	Date
Principal Investigator*		
Co-Investigator*		
Sponsored Programs		
Chair		
Dean or Divisonal VP		
Provost		

*By signing I certify I have read and understand Cal Maritime's Sponsored Programs policies and procedures and I understand the requirements of the award.