

PROPOSAL APPROVAL FORM

Submit the typed form and a copy of the proposal to Office of Sponsored Program, 328 Wells. Read instructions provided. Call 3534 with questions about the form or process.

Deadline Published By Sponsor:		Postmark deadline date			
		Receipt deadline date			
Principal Investigator/Project Director Must be an employee of Murray State University					
Name					
Initiating Department				Initiating Department FOAPAL	
Telephone				E-mail	
Collaborators List only those who are employees of Murray State University					
Name		Department			
Name		Department			
Name		Department			
Name		Department			
Sponsor Name:		CFDA#		Initial	
Funding Source:					
Type of Funding Source: (Select One)					
Federal		Non-profit		Foundation	
Industry		State (KY)		Federal flow-through	
				Other government	
				Other college/university	
Project Information:					
Project Title:					
Project Start Date:				Project End Date:	
Project Total Request:		\$		If multi-year project give start/end dates and funds requested for entire project period.	
Is It A?		Contract or Subcontract		Total to Subcontractor:	
New project or subcontract		Non-competing continuation *		* Previous grant/contract	
Competing renewal *		Supplemental request *		number or other ID#	
Type of Proposal					
Preliminary proposal		Full proposal-final narrative		Full proposal-draft narrative	
Type of Project Activity					
Instruction		Research – Basic		Research - Applied	
				Research - Development	
				Public service	
				Other	
Is this Sustainable Research?					
Yes		No			
Responsibilities of Principal Investigator/Project Director and MSU Collaborators:					
It is understood that if an award results from this proposal, the principal investigator/project director will perform the administrative duties normally associated with the project.					
Your signature below certifies that:					
a. you have read the Murray State University Misconduct in Research Policies;					
b. you have followed Murray State University policies and procedures in the preparation of this proposal;					
c. OSP has or will receive a copy of the final proposal exactly as mailed to the sponsor.					
NOTICE: If an individual(s) is to be hired as an MSU employee from the result of a grant or contract award, the current MSU Board of Regents approved hiring policies and procedures must be followed. For more information contact the MSU Office of Equal Opportunity.					
Financial Conflict of Interest Certification: (Questions-Contact OSP, 270-809-3534)					
I have read and understand the MSU Financial Conflict of Interest Policy:					
Yes		No			
I hereby certify that neither I, nor any member of my household or any persons receiving funding from this grant, received remuneration in the twelve months preceding the disclosure and the value of any equity as of the date of disclosure, when aggregated, does not exceed \$5,000. I also certify that neither I, nor any member of my household or any persons receiving funding from this grant, are affiliated with the above sponsors in any way that will hinder the ability to fulfill obligations to MSU students, faculty and staff.					
Yes, I certify the above.		No, I can NOT certify the above.		Initial	
				Date	
If you answered “No” to the financial conflict of interest certification, please attach an explanation.					

APPROVAL SIGNATURES

1. PI/PD/MSU Collaborator(s)	Date	2. Dept. Chair(s)/Unit Director(s)	Date	3. College/School Dean(s)	Date
PI/PD:					
4. Division Vice President(s)		5. Sponsored Programs Director		6. Accounting/Financial Director	
		Initial			

Compliance: Review applicable university policies, then indicate whether or not each one applies to this project. If yes, indicate date of approval by appropriate university review committee and attach letter of approval.

Yes No	Approval date	Yes No	Approval date

Commitments: Indicate whether or not this project involves any financial commitments by the university (not paid by sponsor). Show date of approval and attach letter of commitment.

Yes No	Approval date	Yes No	Approval date

Waivers: Waiver(s) must be requested and approved before submitting proposal to OSP; attached approved waiver(s). If funding source limits or prohibits indirect costs, attach guidelines or other documentation from sponsor.

Yes No	Approval date	Yes No	Approval date

Does sponsor require MSU contribution toward cost of project? Yes No

MSU accounts(s) for Cost-Sharing Shown in Budget: (itemize below; do not include in-kind salary contributions)

FOAPAL	Expense item	Cash

Unit Fiscal Administrator: Individual who will monitor expenditures matching funds, sponsor requirements, etc.

Name: _____ **Telephone:** _____

Please provide a short summary for your project (this is REQUIRED)

Project Salary Information:**Cost Share Salary Contributions** for MSU state-budgeted faculty/staff during initial or next budget period **Reset Paid by(Cost Share)**

MSU Faculty/Staff Name	MSU Salary for FY __-__	Time on Project:		Project Salary	Fringe Benefits	Paid By (check one)	
		% Released	# Summer Mo			MSU	Sponsor

Summer Salary Contributions for MSU state-budgeted faculty/staff during initial or next budget period **Reset Paid by(Summer)**

MSU Faculty/Staff Name	MSU Salary for FY __-__	Time on Project:	Project Salary	Fringe Benefits	Paid By (check one)	
		% Summer			MSU	Sponsor

Extra Compensation (overload) for MSU state-budgeted faculty/staff during initial or next budget period **Reset Paid By(Extra)**

MSU Faculty Staff Name	MSU Salary for FY __-__	Overload Time on Project:		Project Salary	Fringe Benefits	Paid By (check one)	
		% AY	% Summer			MSU	Sponsor