

Murray State University
PROPOSAL APPROVAL FORM

OSP Proposal Number:	_____
OSP Date Received:	____/____/____
OSP Date Returned:	____/____/____

Submit TWO copies of form and TWO copies of proposal to Office of Sponsored Program, 328 Wells. Read instructions provided. Call 3537 with questions about 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 Account #	
Telephone			
Fax			
E-mail			
Collaborators List only those who are employees of Murray State University			
Name		Department	
Name		Department	
Name		Department	
Name		Department	
Sponsor Name:			
Program Name:			
Type of Funding Source: (Select One)			
Federal	<input type="checkbox"/>	State (KY)	<input type="checkbox"/>
Industry	<input type="checkbox"/>	Foundation	<input type="checkbox"/>
Non-profit	<input type="checkbox"/>	Federal flow-through	<input type="checkbox"/>
		Other government	<input type="checkbox"/>
		Other college/university	<input type="checkbox"/>
		International Entity	<input type="checkbox"/>
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?			
New project	<input type="checkbox"/>	Contract or Subcontract	Total to Subcontractor:
Competing renewal *	<input type="checkbox"/>	Non-competing continuation *	* Previous grant/contract
		Supplemental request *	number or other ID#
Type of Proposal			
Preliminary proposal	<input type="checkbox"/>	Full proposal-final narrative	<input type="checkbox"/>
		Full proposal-draft narrative	<input type="checkbox"/>
Type of Project Activity			
Instruction	<input type="checkbox"/>	Research (basic or applied)	<input type="checkbox"/>
		Public service	<input type="checkbox"/>
		Other	<input type="checkbox"/>
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 on the next page certifies that:			
a. you have read the Murray State University Conflict of Interest and Misconduct in Research Policies;			
b. if applicable, you have submitted a list of your known Significant Financial Interests (and those of your spouse and dependent children)			
that might reasonably appear to be affected by the activity being proposed;			
c. you have followed Murray State University policies and procedures in the preparation of this proposal;			
d. OSP has or will receive a copy of the final proposal exactly as submitted 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.			

APPROVAL SIGNATURES

PI/PD and MSU Collaborators	Date	Department of Unit		Department Chair or Unit Director	Date
PI/PD:					
College Dean or Vice President	College or Division	Date	College Dean or Vice President	College or Division	Date
Sponsored Programs Director	Date	Accounting/Financial Svcs Director	Date	University Authorizing Official	Date

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
		Use of human subjects			Extremely toxic gas
		Use of live vertebrate animals			Recombinant DNA
		Chemical hazard			Radioactive materials
		Biological hazard			Potential conflict of interest

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
		Additional space or modification of facilities			Continuing university financial commitment

Waivers: Waiver(s) must be requested and approved before submitting proposal to OSP; attached approved waiver(s).

Note: If funding source limits or prohibits indirect costs, attach guidelines or other documentation from sponsor.

Yes	No	Approval date	Yes	No	Approval date
		Voluntary Indirect Costs Waiver			Tuition/fees

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)

Account number	Expense item	Cash	Cost Share

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

Name: _____ **Telephone:** _____

