

**ST. CLOUD STATE UNIVERSITY**  
**OFFICE OF RESEARCH AND SPONSORED PROGRAMS**  
**Proposal Approval Form**

*For External Grants and Contracts*

Internal Use Only

- Proposals being submitted on behalf of the University require review and approval by a delegated authority with authorization to submit. Begin the process at least 10 days prior to submission as Research and Sponsored Programs requires a minimum of 4 business days to review and facilitate final institutional approvals.
- To initiate the review/approval process, complete the Proposal Approval Form, **attach a draft proposal and budget**, and route for signatures.
- The Proposal Approval Form is enabled to use electronic signatures and can be signed and routed electronically with required attachments (**draft proposal and budget**). It may also be printed, signed, and routed with required attachments.
- Upon Dean/VP approval, **submit the completed form with the required attachments** to [ResearchNow@stcloudstate.edu](mailto:ResearchNow@stcloudstate.edu).

Today's Date: \_\_\_\_\_

Proposal Due Date: \_\_\_\_\_

1. Proposal Title: \_\_\_\_\_

| 2. Principal Investigator(s) |                  |         |
|------------------------------|------------------|---------|
| PI Name                      | Dept/Unit/Center | Tech ID |
|                              | School/College   | Email   |
| Co-PI Name                   | Dept/Unit/Center | Tech ID |
|                              | School/College   | Email   |
| Co-PI Name                   | Dept/Unit/Center | Tech ID |
|                              | School/College   | Email   |

*NOTE: Facilities & Administration (F&A) costs are shared among the PI(s) and must be a current SCSU employee(s).*

3. Other Key Personnel / Non-St. Cloud State University Participant(s): \_\_\_\_\_

| 4. FUNDING AGENCY |  | AGENCY TYPE   | FUNDING TYPE            |
|-------------------|--|---|-------------------------|
| Agency Name       |  | Foundation    Business<br><br>Federal        State<br><br>MinnState      Other Government<br><br>Other Non-Government | In-Kind<br><br><br>Cash |
| Contact Person    |  |   |                         |
| Address           |  |   |                         |
| Phone             |  |   |                         |
| Email             |  |   |                         |

5. If SCSU is receiving flow-through funding (via sub-award, sub-contract) provide the name of the primary funding agency:

| 6. PROJECT DATES |  | TYPE OF PROPOSAL             |                                |
|------------------|--|------------------------------|--------------------------------|
| Start Date       |  | Grant (Cost Reimbursable) or | Contract (Earned Upon Receipt) |
| End Date         |  | Competitive or               | Non-Competitive                |

PROPOSAL BUDGET AND UNIVERSITY'S FINANCIAL COMMITMENT

7. Total funds requested from funding agency:\$ \_\_\_\_\_

8. Facilities & Administration (F&A) cost rate included in budget: \_\_\_\_\_ %  
Federal rate is 33.4% of modified total direct costs; non-federal rate is 12% of total direct costs.

9. Does the project require a variance on the University's F&A cost recovery policy? Yes No  
Minnesota Statute 16A.127 requires F&A cost recovery on all externally funded activity, SCSU reserves the right to decline any proposal that does not include F&A costs.  
If variance is mandated by funding agency, please explain and attach documentation:

10. Will SCSU be issuing any sub-awards to other agencies / institutions with this funding? Yes No

If YES, provide the following information:  
Sub-awardee organization name: \_\_\_\_\_  
Contact person (name, email, phone, number): \_\_\_\_\_

11. Are there any grant paid personnel arrangements for faculty/staff associated with the project? Yes No

If YES, please provide additional details:

| NAME / POSITION | ASSIGNMENT<br>(PERCENT TIME, CREDITS,<br>EXTRA DUTY DAYS) | AMOUNT/VALUE |
|-----------------|---|--------------|
|                 |   | \$           |
|                 |   | \$           |
|                 |   | \$           |
|                 |   | \$           |

12. Does the project include match required by the funding agency? Yes No

Reminder: Documentation is required for all in-kind match items (i.e. receipts, time logs, etc.).  
If YES, please provide additional details:

| MATCH<br>AMOUNT | MATCH TYPE   | DESCRIPTION | IF CASH, WHO WILL<br>PROVIDE MATCH |
|-----------------|--------------|-------------|------------------------------------|
| \$              | Cash In-Kind |             |                                    |
| \$              | Cash In-Kind |             |                                    |
| \$              | Cash In-Kind |             |                                    |

## ETHICS AND COMPLIANCE

|  |     |    |
|--|-----|----|
| <b>13. Research Integrity:</b> I attest that this proposal is my original work and no part/section is plagiarized.<br><i>Unless a source is cited, written consent from the original author(s) to use text is required, including SCSU institutional descriptions prepared by others.</i>  | YES | NO |
| <b>14. Institutional Review Board (IRB) :</b> Does your project involve research with human subjects?<br><i>If yes, it is the PI's responsibility to submit human subjects protocol(s) for review.</i><br><br>Provide IRB approval # or submission date:   | YES | NO |
| <b>15. Institutional Animal Care and Use Committee (IACUC):</b> Does your project involve research using animals?<br><i>If yes, it is the PI's responsibility to submit animal subjects protocol(s) for review.</i><br><br>Provide IACUC approval # or submission date:  | YES | NO |
| <b>16. Biosafety:</b> Does your project include research involving recombinant or synthetic nucleic acid molecules?  | YES | NO |
| <b>17. Financial Conflict of Interest (FCOI):</b> Do PI(s), their spouses/partners, or their immediate family/household members have a financial conflict of interest (COI) with the proposed project?<br><i>Financial conflicts of interest include salary or any other payments for services, equity interests, intellectual property rights, or financial interest held by PI(s), their spouses/partners, their immediate family/household members, or organizations affiliated by these stakeholders that would reasonably appear to be affected by the activities funded or proposed for funding.</i><br><br>Will, or do you anticipate, any family or household members be hired to work on the project?   | YES | NO |
| <b>18. Export Controls:</b> Federal export control laws restrict the export of goods, technology, related technical data, and certain services in the interest of protecting our national security and domestic economy. <ul style="list-style-type: none"> <li>a. Will there be any transfer/disclosure of data, research equipment, goods, or services outside the U.S. during, or resulting from, the proposed project?</li> <li>b. Will there be any transfer/disclosure of a controlled item or information within the U.S. to a foreign national?</li> <li>c. Is there any indications from the funding agency or others that export-controlled items, including information or technology, will be provided for use in the research?</li> <li>d. Does the project require travel to a U.S.-sanctioned country, as listed by the U.S. Treasury Department's Office of Foreign Asset Control (OFAC)?</li> </ul> | YES | NO |
| <b>19. Suspension &amp; Debarment:</b> Are PI(s) currently delinquent on any Federal debit, debarred or suspended from receiving Federal assistance?   | YES | NO |

*\*NOTE: if any of the ethics and compliance disclosures above change during the implementation of the project, it is the Principal Investigator(s) responsibility to communicate associated changes with their supervisor and the Office of Research and Sponsored Programs.*

### Questions 20-22: Applicable for FEDERAL FUNDING ONLY

|   |     |    |
|---|-----|----|
| <b>20. Responsible Conduct of Research (RCR):</b> Does your project include compensation for undergraduate, graduate and/or post-doc students?  | YES | NO |
| <b>21. Federal Funding Accountability and Transparency Act (FFATA):</b> Will any vendors, contractors, and/or sub-awardees be paid \$25,000 or more for work related to this project?               | YES | NO |
| <b>22. Time and Effort Reporting (T&amp;E):</b> Will there be personnel assigned to this project?<br><i>This includes current and new employees, either paid by the grant or provided as match.</i> | YES | NO |

## Institutional Acknowledgement

|  |     |    |
|--|-----|----|
| <b>23. Sustainability/Maintenance Requirement:</b> Does the project require institutional sustainability or maintenance funding once the award is concluded?<br><i>If yes, explain details:</i>  | YES | NO |
| <b>24. Facility Requirements:</b> Does this project require new campus space or modifications*/remodels to existing space?<br><i>*Facility modifications include new door or key/card access, furniture or cabinets, security controls, flooring, ceiling, or wall finishes, electrical, lighting, heating, cooling, ventilation/humidification controls, plumbing (water or drains), etc.</i><br><i>If yes, please explain and attach approval document from SCSU Facilities Management:</i>                                      | YES | NO |
| <b>25. Information Technology Services Requirements:</b> Does this project require any technology or ITS support that is <u>NEW</u> or <u>not currently within ITS service infrastructure</u> *?<br><i>*Additional technology and support includes specialized software purchase/installation, hardware upgrades/purchases, additional data ports (including Ethernet or wireless hub), dedicated hardware/server space, secure data storage, etc.</i><br><i>If yes, please explain and attach approval document from SCSU ITS</i> | YES | NO |
| <b>26. Internal Sharing of Proposal:</b> I authorize RSP to share this proposal with others for the benefit of SCSU ( <i>can deny without consequences</i> ).  | YES | NO |
| <b>27. Commencement of Work:</b> I hereby acknowledge allowing work to begin on an externally-funded project without a fully executed agreement in place is a violation of Minnesota Statute 16A.15, Subd. 3.  | YES |    |

## SIGNATURE OBTAINED BY PRINCIPAL INVESTIGATOR

*I have read the proposal referenced above and agree to its submission under the conditions stated. I understand the use of all external funding, regardless of source, is governed by State of MN regulations and MnSCU procedures and that grants and contracts are awarded to the institution, not to individuals. Attach a draft proposal and budget and route for approval.*

|                               |             |
|-------------------------------|-------------|
| <b>Principal Investigator</b> | <b>Date</b> |
|-------------------------------|-------------|

*Signature(s) acknowledges that the Principal Investigator (PI) and Co-Principal Investigator (if applicable) will be responsible to ensure the proposal project is carried out in accordance with state, federal and funding agency guidelines. The PI(s) will be responsible for project, administrative and fiscal management of the proposed project.*

|  |             |
|--|-------------|
| <b>PI Department Chair or Center/Unit Director</b> | <b>Date</b> |
|--|-------------|

*Signature(s) acknowledges that PI / Co-PI(s) have discussed the project and project needs with the department / unit.*

### Instructions for School/College Dean(s) or Vice President(s):

Signature(s) below authorizes support of sponsored activity under conditions stated and acknowledges your **approval of any personnel arrangements (question 11) and match commitments (question 12).**

|   |             |
|---|-------------|
| <b>PI School/College Dean or Vice President</b> | <b>Date</b> |
|---|-------------|

## SIGNATURES OBTAINED BY RESEARCH & SPONSORED PROGRAMS

*I approve submission of this proposal under the conditions stated.*

|  |             |
|--|-------------|
| <b>Associate Provost for Research</b>                  | <b>Date</b> |
| <b>Provost and Vice President for Academic Affairs</b> | <b>Date</b> |