

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

For External Grants and Contracts

Internal Use Only

Instructions: Proposals being submitted on behalf of the University require review and approval by a delegated authority with authorization to submit. To initiate the review/approval process, *route this completed form and a draft of your proposal, including budget, for approvals.* This form is enabled to use electronic signatures, so please route and sign electronically with required attachments (*draft proposal and budget*). Begin this 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. Upon Dean/VP approval, *submit the completed form and required attachments* to ResearchNow@stcloudstate.edu.

1. Proposal Title: _____

2. Principal Investigator (PI) Name: _____

Dept / Unit/ Center: _____	School / College: _____
Tech ID: _____	Email: _____

3. Co-Investigator (Co-PI) Name(s): _____

Dept / Unit/ Center: _____	School / College: _____
Tech ID: _____	Email: _____

(Co-investigators / Co-PIs share the return on indirectly and must be SCSU employees)

4. Co-Investigator (Co-PI) Name(s): _____

Dept / Unit/ Center: _____	School / College: _____
Tech ID: _____	Email: _____

(Co-investigators / Co-PIs share the return on indirectly and must be SCSU employees)

5. Other Non-St. Cloud State University Participant(s): _____

6. Funding Agency: _____

Contact Person: _____	Address: _____
Phone: _____	Email: _____

7. Funding Agency Type:

<input type="checkbox"/> Business	<input type="checkbox"/> Foundation	<input type="checkbox"/> Federal	<input type="checkbox"/> MinnState
<input type="checkbox"/> Other Government	<input type="checkbox"/> Other Non-Government	<input type="checkbox"/> State	

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

9. Project Dates

Today's Date: _____ Proposal Due Date: _____

Project Begin Date: _____ Project End Date: _____

10. Type of Proposal Grant (Cost Reimbursable) **or** Contract (Earned Upon Receipt)
 Competitive **or** Non-Competitive

11. Type of Funding Cash In-Kind

PROPOSAL BUDGET AND UNIVERSITY'S FINANCIAL COMMITMENT

12. Total funds requested from funding agency: \$ _____

13. 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.

14. 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:**

15. 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: _____

16. 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 (PERCENT TIME, CREDITS, EXTRA DUTY DAYS)	AMOUNT/VALUE
		\$
		\$
		\$

17. 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 AMOUNT	MATCH TYPE	DESCRIPTION	IF CASH, WHO WILL PROVIDE MATCH
\$	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		
\$	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		
\$	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		

School / College Dean (if applicable) / Vice President Review and Approval of personnel arrangements in #16 AND match commitment in #17 YES NO N/A

Signature of School/ College Dean / Vice President

Date

ETHICS AND COMPLIANCE

18. Plagiarism: I hereby acknowledge that neither this proposal, nor any sections within it are plagiarized. <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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Institutional Review Board (IRB) : Does your project involve research with human subjects? <i>If yes, it is the PI's responsibility to submit human subjects protocol(s) for review.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Provide IRB approval # or submission date:	
20. Institutional Animal Care and Use Committee (IACUC): Does your project involve research using animals? <i>If yes, it is the PI's responsibility to submit animal subjects protocol(s) for review.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Provide IACUC approval # or submission date:	
21. Financial Conflict of Interest (FCOI) : Related to this project or its funding do you or any key personnel have a financial interest or any personal beneficial interest, either directly or indirectly, in contracts or purchase orders for goods or services? <i>A financial interest includes salary or any other payments for services, equity interests, IP rights, or financial interest in any entity whose financial interests would reasonably appear to be affected by the research. This applies to you, your immediate family, your partner, or an organization which employs or is about to employ any of these parties.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Biosafety: Does your project involve research involving recombinant or synthetic nucleic acid molecules?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Export Controls: <i>This may apply to projects that involve transactions with an inherently military use or transfers of items of "dual-use" (commercial or military)</i> A. Does this project involve inherently military technologies related to electronic equipment, systems, software, explosives, toxicological agents, radiological equipment, spacecraft systems or similar items? B. Does this project involve "dual-use" items with a potential military application related to high-end computers, encryption technology, composite materials, lasers, navigation equipment or similar items? C. If "yes" to A or B, are restrictions placed on any publication which may arise from this research?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
24. Are you currently delinquent on any Federal debit, debarred or suspended from receiving Federal assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Questions 25-27: Applicable for FEDERAL FUNDING ONLY

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

Institutional Acknowledgement

28. Does the project require institutional sustainability or maintenance funding once the award is concluded? <i>If yes, explain details</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29. Does this project require special use of campus facilities AND/OR significant facility modifications/remodels (e.g. science/computer labs, dance studio, etc.)? <i>If yes, please explain and attach approval document from Building Coordinator or SCSU Facilities Management</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30. Does this project require any Information Technology Services support (e.g. software installation, hardware upgrades, etc)? <i>If yes, summarize associated ITS needs</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. I authorize RSP to share this proposal with other for the benefit of SCSU (can deny without consequences).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. 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.	<input type="checkbox"/> 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.

Principal Investigator	Date
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As a Principal Investigator (PI), I understand I will be responsible to ensure the proposal project is carried out in accordance with state, federal and funding agency guidelines. I understand, as PI, I will be responsible for project, administrative and fiscal management of the proposed project.

Department Chair or Center/Unit Director	Date
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Signature acknowledges that PI has discussed the project and project needs with the department / unit.

School/College Dean (if applicable) or Vice President	Date
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Signature authorizes support of sponsored activity under conditions stated.

SIGNATURES OBTAINED BY RESEARCH & SPONSORED PROGRAMS

I approve submission of this proposal under the conditions stated.

Associate Provost for Research	Date
Provost and Vice President for Academic Affairs	Date