

Sponsored Program Approval Form

Alcorn State University
ASU Key Personnel Only

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26.	Signatures	Department	Date
Project Director/ Principal Investigator			
Co-Investigator Required	_____ Typed Name:		
Co-Investigator	_____ Typed Name:		
Co-Investigator	_____ Typed Name:		

PRIMARY PI'S DEPARTMENT CHAIRS' AND DEANS' SIGNATURES ARE REQUIRED FOR THE PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR.

University Endorsements			
27. Approvals	Endorsement	Signatures	Date
Department Chair or Director	Approve the proposed technical content, budget, personnel, space, cost sharing and equipment.		
Dean of College/School	Approve the proposed technical content, budget, personnel, space, cost sharing and equipment.		
Director, Grants and Contracts			
Interim Vice President for Finance, Administrative Services and Operations/CFO			
Associate Provost for Research, Innovation and Graduate Education			
Provost and Vice President for Academic Affairs <small>(or Non-academic Area Vice President)</small>			
President			

28. Compliance and Certifications

1. Have all Investigators (as defined by ASU's Policy on Financial Disclosures in Sponsored Projects) submitted the required disclosure form(s) pertaining to Significant Financial Interests? No Yes

List All Investigators Involved with this Project (as defined by ASU's Policy on Financial Disclosures in Sponsored Projects)	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.

2. Is this project likely to result in Intellectual Property? No Yes
3. Are any of the investigators currently debarred, suspended or ineligible to receive federal or non-federal funds? No Yes
4. Have any funds (federal or non-federal) been used to influence an officer or employee of any agency, a Member of Congress, an officer of Congress or any other person with regard to this contract/proposal? No Yes
5. Does this project involve shipping items internationally or traveling outside of the United States? No Yes
6. Will foreign national(s) participate in the project? No Yes
7. Will this project involve collaboration with a researcher or institution from outside the United States? No Yes
8. Will the project be performed, in whole or in part, outside the United States? No Yes
9. Will a visiting scientist who is or may be a foreign national participate in the project? No Yes
10. Will this project involve research on or testing of military or dual use technologies? No Yes
11. Is the sponsor a foreign entity or person? No Yes
12. Is there a CDA or NDA in place or in progress between the sponsor and the University or researchers? No Yes
13. Will unpublished and/or proprietary information be transferred to or from Alcorn State University? No Yes
14. As the Project Director, Principal Investigator or Co-Investigator of this proposed project, I acknowledge the responsibility associated with my role and agree to comply with the sponsoring agency's terms and conditions for awards. I approve the proposed project's technical content and budget. I understand and agree to comply with Alcorn State University's policies and procedures regarding research and sponsored programs, including ensuring that all individuals responsible for the design, conduct or reporting of research conducted during this project complete the required conflicts of interest disclosures and training. I also certify that the information submitted within the application is true, complete and accurate to the best of my knowledge; that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and I agree to accept responsibility for the scientific/programmatic conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Questions regarding this form should be directed to:

Office of University Compliance/Sponsored Programs, Alcorn State University, 1000 ASU Drive #1140 Lorman, MS 39096-7500

Telephone: (601) 877-6146, Fax: (601) 877-6256.

Instructions for completing Sponsored Program Approval Form

1. **Project Director/Principal Investigator** - The name of the person who will be responsible for the conduct of the work on the project.
2. **Phone** - Provide the telephone number for the Project Director/Principal Investigator.
3. **Department** - Provide the department name or number where the Project Director/Principal Investigator works and receives mail.
4. **E-mail** - Provide the e-mail address for the Project Director/Principal Investigator.
5. **Fax** - Provide the facsimile telephone number for the Project Director/Principal Investigator.
6. **Department Number Administering the Award** - Provide the departmental organizational code.
7. **Contact Person** - Provide the person's name who will be available to answer questions about the proposal or provide the person's name who should be contacted by OSPA when the proposal is ready to be picked up.
8. **Phone** - Provide the telephone number for the Contact Person.
9. **Fax** - Provide the facsimile telephone number for the Contact Person.
10. **Agency Type** - Check the appropriate box.
11. **Agency Deadline** - Enter the date the proposal is due to the agency. Do not enter arbitrary dates.
12. **Agency Name** - Enter the name of the agency to which the proposal is being submitted (i.e., NIH, NSF, Amer. Cancer Society, etc.)
13. **Agency Contact** - Provide the contact person's name at the sponsoring agency, if available.
14. **Contact Phone** - Enter the telephone number for the agency's contact person.
15. **Program Name** - Enter the name of the program to which you are applying (i.e., National Research Service Award, Research Experiences for Undergraduates, FIPSE).
16. **CFDA No.** - Provide the Catalog of Federal Domestic Assistance program number, if applicable.
17. **Title of Proposal** - Enter the unique name of the project.
18. **Project Period** - Enter the entire project performance period for which funding is requested in the spaces provided.
19. **Proposal Classification - Check the appropriate proposal classification box.**
 - New** - The proposal has not been submitted by ASU before.
 - Supplement** - Check for a proposal requesting additional funding to an existing funded award.
 - Continuation (Non--Competing)** - A proposal or progress report being submitted to initiate funding of next budget period of a multi-year funded project.
 - Amendment** - Adding additional time and money to an existing project.
 - Renewal (Competing Continuation)** - Check this box for proposals whose original *project period* has expired and the current submission will request new funding to extend the project for additional budget periods.
 - Letter of Intent (LOI)** - Is required by a sponsor prior to submitting a proposal that requires ASU to submit the LOI.
 - Revision** - A revision of an entire proposal, which was not previously funded or a change or modification to an existing contract. Enter the original proposal number assigned by ORSP.
 - Proposal # or Project #** - If this submission is a Continuation, Revision or Revised budget, please provide the original proposal number and/or project number assigned by ORSP.
20. **Project Type** - Check the appropriate project type box.
21. **Proposal Type** - Check the appropriate proposal type box.
22. **Compliance Data** - (attach copy of **approval letter**, if available)
 - Human Subjects** - Indicate whether human subjects or data from human subjects will be used in the project. Provide the IRB approval number issued by the Institutional Review Board (IRB). If an IRB approval has not yet been issued, check *pending*.
 - Vertebrate Animal Subjects** - Indicate whether animals will be used in the project. Provide the IACUC approval number issued by the Institutional Animal Review and Use Committee (IACUC). If an IACUC approval has not yet been issued, check *pending*.
 - Radioactive Materials** - Indicate whether or not the project will require use of radioactive materials by checking the appropriate box.
 - Biohazardous Materials** - Indicate whether or not the project will require use of biohazardous materials by checking the appropriate box.
23. **First or Current Year Budget** - Enter the amounts for the current year in the appropriate box on the grid.
 - Agency funds**- should contain to total amount (including indirect costs) being requested from the sponsoring agency.
 - ASU Cost Sharing** - the amount indicated in the proposal that ASU will provide for the project.
 - Other Support** - indicate any support from sources other than ASU or the sponsoring agency. Letters of support with appropriate approval must be included with the proposal.
24. **Entire Project Budget** - Enter the amounts for the current project in the appropriate box on the grid.
25. **F&A Cost Rate** - Enter the approved Facilities and Administration rate used for calculating the project's first year or current budget. A letter or other documentation must be included with the proposal when the Sponsor will not award our negotiated rate. Check whether the rate being used is for "On-Campus" or "Off-Campus" activities.
 - Note: Off-Campus Rate Definition** - More than 50% of the project is performed off-campus, meaning the activity will be performed in facilities not owned by ASU and to which rent is directly allocated to the project.
26. **ASU Key Personnel Signatures** - The signature of the PI is required. List all Co-PI's. At least one ASU PI must be listed.
27. **Approvals** - Signatures are required for the Project Director/Principal Investigator, Department Chair and Dean of College/School, before submission to Alcorn State University Administration for review. If more than one department and college/school is involved in the project, each department chair and dean must sign the approval form.
28. **Conflict of Interest, Intellectual Property, and Other Certification** - (1) All Covered Individuals must have read ASU's "Policy on Financial Disclosures in Sponsored Instruction, Research or Services Activities" and have completed the required training sometime in the twelve months preceding the completion of this form. "Covered Individual" means any individual participating in or responsible for the design, performance or reporting of the proposed sponsored project, including, but not limited to, visiting, full-time and part-time faculty; staff and students. Covered Individuals may also include subcontractors. Please see the Policy for further guidance. (2) All Covered Individuals must fill out the "Disclosure of Significant Financial Interest Form." If a Significant Financial Interest is disclosed on such form, then the Covered Individual must also fill out the "Supplemental Significant Financial Interest Disclosure Form." Such forms should be submitted to ORSP with this Proposal Approval Form.