

Mississippi State University	Sponsored Programs Administration	Internal Approval Sheet V.4/9/08 Page 1 of 2
Existing Fund Number if applicable	Originating College/Unit Name/Org Name	SPA Proposal # (spa use only)

Check all that apply:

Proposal	Revision Proposal Budget	Child account	Internal only	No-cost extension
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Total Number of Copies: Original plus:	Address: (If Receipt Date, use a parcel delivery address)
Receipt Date:	
Postmark Date:	

Account Type:
 30 restricted
 31 CVM restricted
 32 MAFES restricted
 33 FWRC restricted
 34 MCES restricted

Phone:		
Fax:		

Principal Investigator Name	ID Number	E-Mail Address	Phone #	ORG Code/Faculty Home Dept Name
Co-PI Name	ID Number	E-Mail Address	Phone #	ORG Code/Faculty Home Dept Name
Co-PI Name	ID Number	E-Mail Address	Phone #	ORG Code/Faculty Home Dept Name
Co-PI Name	ID Number	E-Mail Address	Phone #	ORG Code/Faculty Home Dept Name

Project Title

Sponsor Name (and RFP Number if applicable)	Sponsor Code/SPA Use only	Prime Sponsor Name	Prime Code/SPA Use only
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<input type="checkbox"/> New	<input type="checkbox"/> Grant	<input type="checkbox"/> Research
<input type="checkbox"/> Renewal-Acct. no. _____	<input type="checkbox"/> Contract	<input type="checkbox"/> Public Service
<input type="checkbox"/> Continuation Acct. no. _____	<input type="checkbox"/> Master Agreement	<input type="checkbox"/> Instruction
<input type="checkbox"/> Resubmission Acct. no. _____		<input type="checkbox"/> Other
<input type="checkbox"/> Supplemental		

Sponsor Type:

<input type="checkbox"/> Profit	<input type="checkbox"/> State
<input type="checkbox"/> Federal	<input type="checkbox"/> Non Profit
<input type="checkbox"/> Other	

Initial Period Proposed Start Date	Initial Period Proposed End Date	Total Period Proposed Start Date	Total Period Proposed End Date
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In case your Administrator has questions, please list departmental contact.

Name: _____ Email: _____ Phone Number: _____

This section MUST be completed before INTERNAL APPROVAL SHEET can be processed for data entry

Y	N	Protocol Approval Date	Y	N	
		Human Subjects-IRB			Subcontract Required
		Animal Use-IACUC			Graduate Student Supported
		Hazardous Waste Treatment			Potential Intellectual Property (Copyright/Patents)
		Hazardous Waste Generated			Proprietary Research
		Radioactive Materials-RAD			Classified Research
		EPA Permits required- Haz Waste			Good Lab Practices
		Infectious Agents-Biosafety			Non disclosure Agreement/Confidentiality Agreement
		Recombinant DNA-Biosafety			Publications Restrictions
		Select Agent(s)- Biosafety			Export Control: Will foreign nationals be employed or have access to this project?
		Are there any of the PI's/Co-PI's currently or previously ever been <i>debarred</i> ?			Export Control: Will items or technology be shipped outside the country?
		USDA Permit Required-Biosafety			Material Transfer Agreement
		Do any of the PI's/Co PI's have an actual, potential, or perceived conflict of interest regarding this project as defined in the Conflict of Interest Policy during the period of this activity?			

Approvals My signature below certifies acceptance of the content of this Internal Approval Sheet and the subject proposal.

PI Signature and DATE	Department Head Signature and DATE	Dean/Director Signature and DATE
PI/Co-PI Signature and Date	Department Head Signature and DATE	Dean/Director Signature and DATE
PI/Co-PI Signature and Date	Department Head Signature and DATE	Dean/Director Signature and DATE
PI/Co-PI Signature and Date	Department Head Signature and DATE	Dean/Director Signature and DATE
Director, Sponsored Programs Administration and DATE		Vice President (if committing to cost sharing)

Mississippi State University				Internal Approval Sheet			
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Requested Funds		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Direct Costs Requested							
Total F&A Costs Requested							
Total Requested							
Facilities and Administrative Rate used in Request		Rate		Base (e.g. MTDC, TDC, etc)			
Items excluded from F&A (please check all that apply)		<input type="checkbox"/> Equipment		<input type="checkbox"/> Stipend/Tuition		<input type="checkbox"/> Participant Support	
		<input type="checkbox"/> Subcontract		<input type="checkbox"/> Other			
Detailed Cost Share/Match		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Department Funds (salaries, fringe, commodity, contractual, etc.)							
Office of Research Funds (requires approval and explanation below)							
DAFVM Cash (requires approval and explanation below)							
Other (non MSU) Funds							
In Kind (eg. Volunteer time)							
F&A on Cost Share (calculated on MSU cost share)							
Waived F&A-Office of Research							
Waived F&A-DAFVM							
F&A – not allowed by sponsor							
Total Cost Share							
Explanation of reduced Facilities and Administrative Costs (obtain approval from VP-OR for Division of Research projects or Unit Director for DAFVM projects)							
Cost Sharing Explanation/Commitments							
FOR INTERNAL PURPOSES ONLY:							
_____AC/CAL Year Salary/Fringe for PI _____		PI Signature		(____%) FTE		Approved: _____ Dean/Director or Dept. Head	
Choose one: Required by sponsor, see attached guidelines PI's salary not allowed by sponsor, see attached guidelines Salary allowed by sponsor, but PI elects not to charge to project							
Please explain any additional cost-share commitments:							
Special Requirements/Instructions/Export Control							

SPA USE ONLY

	Processing	Date
Budget Reviewed		
CASB exception (circle one)	YES	NO
COEUS Data Entry		

ABSTRACT