

# PROPOSAL AUTHORIZATION FORM

(For instructions, see last page)

## A. General Information

PRIMARY APPLICANT ORGANIZATION			
MSU-NORTHERN OTHER:			
PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR		INSTITUTION/COLLEGE/DEPA	RTMENT/PROGRAM
CO-DIRECTOR/CO-PRINCIPAL INVESTIGATOR (if app	licable)	INSTITUTION/COLLEGE/DEPA	RTMENT/PROGRAM
PROJECT TITLE			
PROJECT DESCRIPTION			
FUNDING AGENCY OR ORGANIZATION		FUNDING AGENCY/ORG PROGRAM (IF APPLICABLE)	
FUNDING OPPORTUNITY ANNOUNCEMENT URL OR	LINK	PROPOSAL SUBMISSION DEADLINE	
	T		
PERIOD OF FUNDING REQUESTED	FUNDING REQU	ESTED FROM SPONSOR	TOTAL PROJECT COST
FROM TO	\$		\$
TYPE OF APPLICATION	<u> </u>		1 .
NEW RESUBMIS	SSION	CONTINUATION/RE	NEWAL= BANNER INDEX:

### **B. Project Information**

Does this project involve human subject research?	YES <sup>1</sup>	NO
Does this project involve living non-human animal subject research?	YES <sup>2</sup>	NO
Does this project involve use of DNA or RNA molecules, viruses, bacteria, cells, or organisms constructed with rDNA methodology or techniques?	YES	NO
Does this project involve the use of infectious agents, toxins, controlled substances, radioactive substances, or hazardous materials?	YES	NO
Does this project involve participation of American Indian or other minority communities?	YES <sup>3</sup>	NO
Does this project involve international travel? If YES, location:	YES	NO

<sup>&</sup>lt;sup>1</sup>If yes, you are required to seek review and approval or exemption from the Institutional Review Board (IRB) prior to beginning work on your project.

# C. Subaward/subcontract information

N/A. This project does not involve a subaward or subcontract.			
MSUN will receive the sub	MSUN will issue the sub		
SUBAWARD INSTITUTION	CO-PD/CO-PI		
CONTACT NAME (if different from co-PD/PI)	EMAIL	PHONE	

<sup>&</sup>lt;sup>2</sup>If yes, you may be required to seek review and approval from the Institutional Animal Care and Use Committee (IACUC). If you have a current approval, include a copy of the letter.

<sup>&</sup>lt;sup>3</sup>If yes, include a letter of support or approval from these communities.

# D. Budget

N/A. There are no matching funds or in-kind contributions for this project.			
Required matching funds		\$	
Voluntary matching funds		\$	
	Source of matching funds (include letter of commitment):		
Required in-kind contributions		\$ AND/OR DESCRIPTION:	
Vol	untary in-kind contributions	\$ AND/OR DESCRIPTION:	
	Source of in-kind contributions (include letter of co	ommitment):	

#### 2. Personnel

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	N/A. No funds, release time, or additional personnel are requested for personnel.	
	Funds for all personnel participating in the project are included in the proposal budget, including student wages.	
	Faculty release time is required, as follows (include letter of approval):	
	Additional personnel must be hired for this project, as follows:	

3. Facilities, Equipment, and Information Technology

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	N/A. No requests or commitments are being made for facilities, equipment, or information technology.
	Additional space or installation is required and the budget includes funds for these changes, as follows:
	Equipment is required and the budget includes funds for purchase or lease.
	MSUN will be expected to purchase or lease equipment (see 1. Matching Funds for details).
	Software, network storage, or other information technology services are required and the budget includes funds for purchase or services.
	MSUN Information Technology Services will be expected to build, purchase, or provide services (see 1. Matching Funds for details).
	MSUN will be expected at a future date to replace or update equipment and/or software (see 5. MSUN Commitment).

# 4. Indirect Cost Calculation

N/A. No salary, wages, or fringe benefits are included in the budget.
Indirect costs are <b>not</b> permitted by the funding organization (include written documentation).
Funding organization's restricted rate of% is applied to the following (include written documentation):
MSUN's federally negotiated rate of 40.00% is applied to all salaries and wages and stipends including all fringe benefits.
Other:

### 5. MSUN Commitment Beyond the Funded Period

(This may include programmatic commitments, staffing, equipment maintenance or replacement, unusual reporting, or other.)

N/A. No continuing commitment is required beyond the funded period.

The MSUN continuing commitment is required as follows:

### 6. Budget Details

N/A. MSUN is not receiving funding through the grant or through a subaward.

Separate budget document(s) is included for review. (Applicant: If checked, you may leave the table below blank.)

ITEM	FUNDING ORGANIZATION	THIRD PARTY MATCHING FUNDS	MSUN MATCHING FUNDS	
	TOTAL	TOTAL	TOTAL	TOTAL
SALARIES/WAGES				
BENEFITS				
SUBCONTRACTS				
CONTRACTED SERVICES				
EQUIPMENT				
SUPPLIES				
TRAVEL				
RENT				
REPAIR & MAINTENANCE				
OTHER				
TOTAL DIRECT COSTS				
INDIRECT COSTS ( %)				
TOTAL PROJECT COST				

### E. Project Director/Principal Investigator Compliance

I certify that if required, Time and Effort reports for all individuals associated with this project will be submitted as required by MSUN and the funding organization.

I agree to submit all progress reports as required by the funding organization.

I have read and will adhere to the MSUN policy on Misconduct in Research and Creative Activity (Policy 1140).

I will ensure that all project personnel will complete all necessary training prior to starting work on this project.

All key personnel have read the Montana State University Conflict of Interest Policy and have completed and submitted the appropriate Conflict of Interest Disclosure Form.

#### F. Authorizations and Certifications

**Applicant:** The Project Director/Principal Investigator certifies that the statements on this form are accurate and complete to the best of their knowledge and will comply with MSUN policies and guidelines in conducting the project if the funding is awarded. The Project Director/Principal Investigator also certifies that they are not delinquent on any federal debt.

**Reviewers:** Signatures certify that reviewers have read the proposal and budget, understand and accept the institutional or departmental commitments stated therein, and agree to the proposal's submission.

Project Director/Principal Investigator	Date	
Facilities Representative/Physical Plant Representative (if required)	Date	
Information Technology Services Representative (if required)	Date	
College Chair/Dean/Supervisor	Date	
Controller (budget review)	Date	
Dean of Learning Excellence and Sponsored Programs	Date	
FINAL APPROVAL FOR SUBMISSION		
Chancellor	Date	

#### **APPLICANT INSTRUCTIONS**

This form must be completed for all proposals submitted to external organizations for support of research, scholarly activities, or other projects that may result in external funding coming to MSUN or in a contract, grant, or other agreement with MSUN on behalf of its faculty or staff.

It is recommended that you begin the approval process at least 1 week prior to the submission deadline.

For additional services, such as checklists, templates, budget preparation, technical review, or editing, please contact the Grants Coordinator as early as possible.

#### Workflow

- 1. PD/PI sends all of the following documentation to the Grants Coordinator:
  - a. This completed form
  - b. A copy of the proposal
  - c. Supporting documentation (as needed)
- 2. Grants Coordinator routes the documents for review and approval in this order:
  - a. PD/PI
  - b. Facilities Representative/Physical Plant Representative (if required)
  - c. Information Technology Services Representative (if required)
  - d. Chair/Dean/Supervisor
  - e. Controller (budget review)
  - f. Dean of Learning Excellence and Sponsored Programs
  - g. Chancellor
- 3. After approved, proposal is submitted to:
  - a. **GRANTS.GOV:** Proposals are submitted by the Dean of Learning Excellence and Sponsored Programs.
  - b. **OTHER FUNDING ORGANIZATIONS:** Depending on the funding organization instructions, proposals may be submitted by PD/PI or by the Dean of Learning Excellence and Sponsored Programs.
- 4. Grants Coordinator sends a copy of this signed form and if applicable, documentation confirming successful proposal submission to the PD/PI.