



Submission Deadline: _____ No deadline: _____ **Application:** New ___ Continuation ___
 Project Director/PI: _____ Phone Number: _____
 College/School of: _____ Department/Division: _____

Proposal Data

Funder/Sponsor: _____
 Title of Project: _____
 Type of Funder: ___ Federal ___ State ___ Local ___ Private/Non-Profit ___ Other University

Budget Information

Initial Budget Period From: _____ To: _____ Total Budget Period From: _____ To: _____

Requested Direct:	\$ _____	Requested Direct:	\$ _____
Requested Indirect:	\$ _____	Requested Indirect:	\$ _____
Total Request:	\$ _____	Total Request:	\$ _____

Include indirect rate at federal negotiated rate (50% of salaries and fringes) unless otherwise directed by funder. Reason indirect is not included: _____

Cost-Sharing (Match)

In Kind: \$ _____
 Cash: \$ _____
 Total: \$ _____

Terms of Funding:

___ Cost-reimbursement
 ___ Advance
 ___ Installments

Please list source of Match: _____

Project Director (PD)/Project Investigator (PI) Disclosures and Assurances

By signing below, I certify the following:

- The information submitted with the application is true, complete and accurate to the best of my knowledge.
- I understand that any false, fictitious, or fraudulent statements or claims may be subject to penalties.
- I have no financial interests that presents an actual or potential conflict of interest in this project.
- I have not been barred or suspended from doing business with the federal government.
- I have submitted an initial Request for IRB Clearance to the Institutional Review Board.

Exemption # _____ N/A _____

Furthermore, if funded, I will conduct the project in accordance with the terms and conditions of the sponsoring agency and the policies of the University, and I will be fully responsible for meeting the requirements of the award, including providing the proper stewardship of the funds, and submitting all required technical reports and deliverables on a timely basis.

Project Director/PI Signature _____ **Date** _____

By signing below, I certify that I have had the opportunity to review the above-described proposal and I approve it for submission to the funder listed above:	
PD/PI is responsible for obtaining signatures in this column:	Director of Institutional Grants: Signature _____ Date _____
Department/Division Chair: Signature _____ Date _____	Provost/Vice President of Academic Affairs: Signature _____ Date _____
Dean: Signature _____ Date _____	Vice President of Finance and Administration: Signature _____ Date _____
Chief Technology Officer (if equipment is included): Signature _____ Date _____	

Please return completed form with proposal & budget attached to the Office of Institutional Grants, Kent Wyatt Hall 248 no later than 5 business days prior to the submission deadline. Proposals submitted less than 5 days will not be reviewed. You may email the packet to hmiller@deltastate.edu with appropriate signatures obtained.