

DELTA STATE UNIVERSITY
Office of Institutional Grants
Internal Approval Form

(For Internal Use Only)	
Date	_____
S-Number:	_____
Funded	Not Funded

Submission Deadline: _____ No deadline: _____ Application: _____ New _____ Continuation
 Project Director/PI: _____ PI DSU ID: _____
 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: _____
(mm/dd/yyyy) (mm/dd/yyyy)

<p>Initial Budget</p> <p>Requested Direct: \$ _____</p> <p>Requested Indirect: \$ _____</p> <p>Total Request: \$ _____</p>	<p>Total Budget</p> <p>Requested Direct: \$ _____</p> <p>Requested Indirect: \$ _____</p> <p>Total Request: \$ _____</p>
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Give reason if indirect is not included: _____
 (Please include indirect rate at federal negotiated rate unless otherwise directed by funder.)

<p>Cost-Sharing (Match)</p> <p>In Kind: \$ _____</p> <p>Cash: \$ _____</p> <p>Total: \$ _____</p>	<p>Terms of Funding:</p> <p>_____ Cost-reimbursement</p> <p>_____ Advance</p> <p>_____ Installments</p>
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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 _____	Dean, Graduate & Continuing Studies & Research: Signature _____ Date _____
Dean: Signature _____ Date _____	Provost/Vice President of Academic Affairs: Signature _____ Date _____
Chief Technology Officer (if equipment is included): Signature _____ Date _____	Vice President of Finance and Administration: Signature _____ Date _____

Please return completed form with proposal & budget attached to the Office of Institutional Grants, Kent Wyatt Hall 248 no later than 4 business days prior to the submission deadline. Proposals submitted less than 4 days will not be reviewed.