

Deadline for submission: No deadline: <input type="checkbox"/> New Application <input type="checkbox"/> Continuation Application <input type="checkbox"/>	Delta State University Office of Institutional Grants Internal Approval Form	(For Internal Use Only) Proposal #: Funded <input type="checkbox"/> Not Funded <input type="checkbox"/> Date _____ Account # _____
Project Director/PI: Dr. Beverly Moon		
College/School of:	Department/Division: Graduate and Continuing Studies	
Proposal Data		
<u>Funder/Sponsor:</u>		
Type of Funder: <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private/Non-profit <input type="checkbox"/> Other University		
<u>Title of Project:</u>		
Budget Information		
Initial Budget Period: From: MM/DD/YY To:	Total Budget Period: From: MM/DD/YY To:	
Initial Budget Requested Direct: \$ _____ Requested Indirect: \$ _____ Total Request: \$ _____	Total Budget Period Requested Direct: \$ _____ Requested Indirect: \$ _____ Total Request: \$ _____	
Give reason if indirect is not included: (Please include indirect rate at federal negotiated rate unless otherwise directed by funder.)		
Cost-Sharing (Match) In-kind: Cash: Total Cost-Sharing/Match:	Explanation/Detail (Required if there is cost-share included)	
Terms of Funding: <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Advance <input type="checkbox"/> Installments		
Project Director/Project Investigator Disclosures and Assurances		
By signing below, I certify the following:		
<ul style="list-style-type: none"> • 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 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.		
Project Director is responsible for obtaining the 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.		

