



Investigator Information

Principal Investigator, MSU ID, Phone #, Email, PI Home Department, Fiscal Unit ORG#, Administrative Contact, Admin Contact Phone #, Admin Contact Email

Proposal Information

Select from drop-down list for each type: FUND CODE Type, Type, Existing Grant #, Sponsor Type, Project Type, Rate %, F&A Base, Project Title, Start Date, End Date, Performance Period

Sponsor Information

Sponsor Name, Prime Sponsor Name, Mailing Address, Physical Address, Technical Contact Name, Administrative Contact Name, Sponsor Code, Prime Sponsor Code, Due Date, Receipt, Postmark, Electronic, Hard Copy, # of Copies

The proposal submitted involves the following:

Special Review Checklist

Yes No Radioactive materials used/produced or radiation-producing device used, Hazardous materials generated or shipped off-campus, Foreign nationals employed or have access to project, Items or technology shipped outside of country, Material Transfer Agreement, Non-disclosure/ Confidentiality Agreement, Potential intellectual property or proprietary research, Subcontract may be issued from this award, Are any of the PI's/Co-PI's currently or previously debarred?, 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?, Involves contact with anyone under age 18 (other than college students)

Yes	No		Pending		Number	Expires
<input type="checkbox"/>	<input type="checkbox"/>	Human Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRB#	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Vertebrate Animal Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	IACUC#	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Biohazardous materials generated or used	<input type="checkbox"/> Yes <input type="checkbox"/> No	IBC#	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Limited submission	<input type="checkbox"/> Yes <input type="checkbox"/> No	ORED approval #	<input type="text"/>	<input type="text"/>

Personnel						
Personnel (Include PI)	Fund Type & Create Child Account	NET ID	MSU ID	Home Dept./Center	ORG #	CREDIT % (Must Total 100%)
	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Budget Information						
Requested Funds	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Direct Costs						
Total F&A Costs						
Total Requested						

Yes  No Will items typically charged as indirect costs (i.e., office supplies, computers, administrative/clerical salaries, etc.) be included as direct costs in the budget? If yes, complete the section below.

**Cost Share Information**  
Is cost share involved? Is F&A reduced? If yes, please complete the section below

Reviews and Approvals				
<input type="checkbox"/> I want to Sign this document digitally. <small>(You must have version 9.x or later or download the latest version of Adobe Reader.)</small>				
I certify that the information on this form is accurate and complete as of this date. I agree to accept responsibility for scientific and technical conduct of this project and for provisions of required technical reports if a grant or contract is awarded as a result of this application. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and of Mississippi State University as applicable. I certify that I have read and understand the University's conflict of interest policy. To the best of my knowledge, all required financial disclosures were made; and I will comply with any conditions or restrictions imposed by the university to manage, reduce, or eliminate conflicts of interest.	Responsibilities: Approval of Technical and Budgetary Content, Personnel, Equipment, and Space; review of this IAS.		Responsibilities: Approval of Personnel Assignments, Technical and Budgetary Content, Equipment and Space; and Special Considerations listed below.	
	Fiscal Unit Signature/Date		Check all that apply: <input type="checkbox"/> Foreign Sponsor <input type="checkbox"/> Cost Sharing <input type="checkbox"/> Conflict of Interest Clause	
PI Signature/Date	Dept. Head Signature/Date	Initial	Dean/Director Signature/Date	Initial

\_\_\_\_\_  
OSP Signature

Special Instructions

OSP USE ONLY

Budget Reviewed/Date

RCR Training  
Date Confirmed

FCOI Training  
Date Confirmed

Disclosure Date  
Confirmed

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Banner Entry/Date

Date Received

Date Submitted

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