Murray State University

PROPOSAL APPROVAL FORM

OSP Proposal Number:

Submit the typed form and a copy of the proposal to Office of Sponsored Program, 328 Wells. Read instructions provided. Call 3534 with questions about the form or process.

Deadline Published	Postmark dea				
	Receipt dead	line date			
Principal Investiga	tor/Project Director N	Must be an employee of Mur	ray State Unive	rsity	
Name					
Initiating Department			partment FOAP.	AL	
Telephone		E-mail			
Collaborators List o	nly those who are employe	es of Murray State Universit	у		
Name		Department			
Name		Department			
Name		Department			
Name		Department			
Sponsor Name:		CFDA#		Init	tial
Funding Source:					
Type of Funding So	ource: (Select One)				
Federal	Non-profit	Foundation			ner government
Industry	State (KY)	Federal flow-	through	Otl	ner college/university
Project Information	n:				
Project Title:					
Project Start Date:		Project End I			
Project Total Request:	\$	If multi-year project give st	art/end dates and	d funds requested for	or entire project period.
Is It A?		Contract or Subcontract	Total to	Subcontractor:	
New project or	subcontract	Non-competing continuatio	n * Previ	ous grant/contract	
Competing rene	ewal *	Supplemental request *	number	or other ID#	
Type of Proposal					
Preliminary pro	oposal	Full proposal-final narrative	2	Full p	proposal-draft narrative
7D 0.7D 1 1 1	-				
Type of Project Act	tivity				
Type of Project Act	tivity Research – Basic	Research - Applied I	Research - Deve	lopment Publ	lic service Other
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			AP	PROVAL S	SIGNATUE	RES			
	SU Collaborator(s)	Date	2. Dept.	Chair(s)/Uni	t Director(s)	Date	3. College/School Dean((s)	Date
PI/PD:									
			- ~						
4. Division V	vice President(s)		_	ored Prograi	ns Director		6. Accounting/Financial	Director	
			Initial						
Compliance							one applies to this project.	If yes, indi	cate
	date of approval	by appr				d attach	letter of approval.		
Yes No			Approv	al date	Yes No			Approval	date
	Use of human subjects						ely toxic gas		
	Use of live vertebrate an	nimals					pinant DNA		
	Chemical hazard						tive materials		
	Biological hazard					Potentia	l conflict of interest		
Commitme						nitments	by the university (not paid	by sponsor)).
	Show date of app	oroval aı			itment.				
Yes No			Approv	al date	Yes No			Approval	date
	Additional space or						ing university financial		
	modification of facilitie	S				commit	ment		
Waivers:	Waiver(s) must b	e reque	sted and a	pproved befor	e submitting p	roposal t	o OSP; attached approved v	waiver(s).	
	If funding source	limits o	or prohibit	s indirect cost	s, attach guide	lines or c	ther documentation from s	ponsor.	
Yes No			Approv	al date	Yes No			Approval	date
	Indirect costs					Tuition/	fees		
-									
Does spons	sor require MSU co	ontrib	ution to	ward cost o	f project?		Yes	No	
	sor require MSU co ts(s) for Cost-Sharing Sl					e in-kind	* **	No	
	sor require MSU co	hown in	Budget: (itemize below		e in-kind	* **	No Cash	
MSU account		hown in		itemize below		e in-kind	* **		
MSU account		hown in	Budget: (itemize below		e in-kind	* **		
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Cost Share Salary Contribution							by(Cost Share
	MSU Salary for		on Project:	Project	Fringe	Paid By (check one)	
MSU Faculty/Staff Name	FY	% Released	# Summer Mo	Salary	Benefits	MSU	Sponsor
				<u> </u>			
Summer Salary Contributions f						Reset Paid by(Summer)	
	MSU Salary for	Time on Project:		Project	Fringe	Paid By (check one	
MSU Faculty/Staff Name	FY	% S	Summer	Salary	Benefits	MSU	Sponsor
Extra Compensation (overload)	for MSU state-budge	ted faculty/stat	ff during initial or	next budge	t period	Reset Pa	id By(Extra)
MSU Faculty Staff Name	MSU Salary for	Overload T	ime on Project:	Project	Fringe	Paid By (check one)	
	FY	% AY	% Summer	Salary	Benefits	MSU	Sponsor