**Tennessee State University**

##### PROPOSAL ROUTING AND SUBMISSION FORM

**(please type and complete entire form)**

**Date of Application: Deadline Date:**

**College/School/Center: Department:**

**Principal Investigator/Project Director: TSU ID#:**

**Phone: E-mail:**

**Title of Project:**

**Submission Type:** New Project\_\_\_ Continuation\_\_\_\_ Renewal \_\_\_\_ Supplement\_\_\_\_

(Please select one)

**Project Type:** Research\_\_\_\_ Teaching/Instruction\_\_\_\_ Service\_\_\_\_ Other\_\_\_\_

(Please select one)

# **Funding Opportunity Number:**

**Funding Agency:**

**Agency Type:** Federal\_\_\_ State\_\_\_ Industry/Corporate\_\_\_ Private/Foundation\_\_\_ Other\_\_\_

(Please select one)

**Agency Contact:** Name:

Position:

E-mail:

Phone Number:

#### Project Time Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration in Months:

**Start End**

**Indirect Cost Rate Used (F&A)** (attach memo or agency guidelines if exception is requested)**: \_\_24%\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Source of Funds** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| **Total Amount Requested** |  |  |  |  |  |  |
| **Indirect Costs Requested** |  |  |  |  |  |  |

**Matching Funds Required** (\*provide details on next page)**:** Yes**\_\_\_** No**\_\_\_\_**

**Approvals (Read before signing):** PI/PD: Signature of the principal investigator(s)/project director(s) certifies: 1) that the budget represents the best estimate of full costs, including salaries of faculty and staff applicable to the project, fringe benefits, allowable indirect costs, facilities requirements, supplies, equipment, etc.; 2) that the information submitted within the application is true, complete and accurate to the best of the PI’s knowledge; 3) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; 4) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application; 5) that the PI agrees to assign the rights to all intellectual property resulting from this project to the University; and 6) that the PI will disclose to the University all significant financial interests of the PI (including immediate family) (i) that would reasonably appear to be affected by the research or educational activities funded or proposed for funding by this proposal; or (ii) in entities whose financial interests would reasonably appear to be affected by such activities. All costs not reimbursed by the sponsoring agency, including any cost share or internal source of funds have been listed. Department Chair/Deans/Directors: Signature of the department chair/dean/director certifies review of the proposal for merit and commitment of faculty/staff effort, including release time if given.

#### Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

**Principal Investigator/Project Director Co-Principal Investigator/Project Director**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_**

# **Department Chair Dean or Director**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_**

**VP for Business and Finance** (\*only if matching funds are committed)

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_**

**Michael Busby, Ph.D., Interim Associate Vice President**

**of Academic Affairs for Research and Sponsored Programs**

August 2011

Tennessee State University

**APPROVAL OF GRANTS/CONTRACTS SUBMISSION FORM – 2**

**(to be completed by Department Head/Center Director)**

## PI/PD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title**

|  |  |  |  |
| --- | --- | --- | --- |
| Queries for Department Head/ Center Director | **Yes** | **No** | **N/A** |
| Has the purpose of the proposed project been discussed with the PI/PD? |  |  |  |
| Is the purpose of the project consistent with the goals of the department/center? |  |  |  |
| Will the PI/PD be granted release time to conduct the project? |  |  |  |
| Will departmental equipment (copier, phone, FAX, etc.) be made available for proposed project? |  |  |  |
| Will departmental computers and printers be made available for proposed project? |  |  |  |
| Will the project require university funding beyond the life of the grant? |  |  |  |
| Will the project involve the use of animals, human subjects (testing, interviews, surveys, etc.), radioactive materials, or biohazards? **If so, proposal must be approved by appropriate compliance committee prior to final approval.** |  |  |  |
| Has the proposal content been reviewed by an internal review panel for merit and quality? |  |  |  |
| Will laboratory, classroom, or other departmental space be made available for proposed project? **Please list building & room number below.** |  |  |  |
| Will the project require alterations to existing facilities**? If yes, please detail alterations and source of funds for** **construction in comments section.** |  |  |  |
| Will the project require construction of new facilities? **If yes, please describe facilities and source of funds for construction in comments section.** |  |  |  |
| Does the funding agency require matching funds (cash) for the proposed project? **If yes, please provide documentation.** |  |  |  |
| Will the department make in-kind contributions for the proposed project?  **Please list below.** |  |  |  |

### Facilities for Proposed Project

Building\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Building\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Building\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room Number\_\_\_\_\_\_\_\_\_\_\_\_\_

### In-kind Contribution for Proposed Project

|  |
| --- |
| Example:  Faculty release time for Dr. Jane Doe, $10,000, Biology Department, TSU acct # 123456 |
| Example:  Use of Lab Equipment, $5,000, Biology Department, TSU acct # 123456 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item & Unit(Dept./College/Univ)** | Acct # | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Cost Sharing Totals | |  |  |  |  |  |  |

### \*Matching Funds for Proposed Project (cash only; describe details in Comments section)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item & Unit(Dept./College/Univ)** | Acct # | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Matching Funds Totals | |  |  |  |  |  |  |

**College/Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deparment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Comments from Department Head/ Center Director**  (continue on separate sheet if necessary) |