

**Proposal Information Form / Post Award Notification Form
College of Agriculture**

Purpose of Form: **Proposal Information (Pre-award)** **Account Number (Post-award)**

Date: _____ **Department:** _____

Principal Investigator/Project Director: _____

Phone: _____ **E-mail:** _____

Title of Project: _____

Funding Agency: _____

Agency Contact Name and Email _____

Project Time Period: _____ to _____ **Duration in Months:** _____

Submission Type: New Project ___ Continuation ___ Renewal ___ Supplement ___

Project Type: Research ___ Teaching/Instruction ___ Service ___ Other ___

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Funds Requested						
TSU Portion of Request						
Indirect Costs Requested						

Indirect Cost Rate Used (F&A) (attach memo or agency guidelines if exception is requested): _____

Percent Salary Requested	Year 1	Year 2	Year 3	Year 4	Year 5
Principal Investigator					
Co-PI					
Co-PI					
Co-PI					

Are matching funds required ?(If yes, provide details below): Yes___ No___

Matching Funds for Proposed Project (funds only; describe details in Comments section)

Item and University Unit	Acct #	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Matching Funds Totals							

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 and 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 and University Unit	Acct #	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Cost Sharing Totals							

Approvals:

Unit Head Date

Associate Dean Date

College Business Office Date

Comments from Principal Investigator/Unit Head/ Associate Dean
(continue on separate sheet if necessary)