

**Truman State University  
Approval Form for Externally Funded Projects**

**Investigator Data**

1 <sup>st</sup> Project Member:	Department:	Project Title:
2 <sup>nd</sup> Project Member:	Department:	Project Title:
3 <sup>rd</sup> Project Member:	Department:	Project Title:

**Proposal Information**

**Proposal Title:**

**Submitting to Agency/Organization:**

Submission Date:                      Project Start Date:                      Project End Date:

**Is this or will this be a subcontract?** Yes \_\_\_ or No \_\_\_

**Brief Description of the Project:**

**Fiscal Information**

	Total Amount	Year One Amount	Year Two Amount	Year Three Amount	Year Four Amount
Direct Costs:					
Indirect Costs:					
University Cost Share/Match:					
University In-Kind:					
Amount Requested:					

Cost Sharing is required at \_\_\_%                       Cost Sharing is voluntary

Cost Share/In-Kind Item	\$ Amount	Department	University Budget Number to Charge

**Does the budget include funds for subawards/subcontracts?** Yes \_\_\_ or No \_\_\_ Amount: \_\_\_\_\_

**Compliance and Special Requirements**

**Human Subjects:** No \_\_\_ or Yes \_\_\_ Date of IRB approval \_\_\_ or date of expected submission \_\_\_\_\_.  
*Attach copy of approval if review is completed.*

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**Animal Use/Experimentation:** No \_\_\_ or Yes \_\_\_ Date of IACUC approval \_\_\_ or date of expected submission \_\_\_\_\_.  
*Attach copy of approval if review is completed.*

**Special Requirement(s):** (check all applicable)

Release Time	Sabbatical	New/Additional Staff	Special Facilities	Special Equipment
Renovation/Construction	Hazardous Material	Other:		

**Explanation of special requirement(s):**

**Investigator Certification:** My signature below certifies that the information contained in this proposal is true, complete and provides an accurate representation of this project and needed resources, and that any conflict of interest that my result from the University's acceptance of an award or contract as a result of this proposal has been reported. I certify that if the project is funded, I will accept responsibility for the scientific conduct of the project and will administer the project in accordance with the terms and conditions of the grant or contract including the fulfillment of reporting requirements indicated by the funding agency, and that I will abide by all relevant University policies, including its research policies, conflict of interest, and research integrity policies, intellectual property and copyright policies, and Drug Free Workplace policy.

Principal Investigator Signature	Date	Co-Investigator Signature	Date

**University Endorsements:** I certify that the project is consistent with the department/unit/college and university mission, that I approve the department/unit/college effort and resources that will be used and that adequate facilities and space will be provided for the project, that faculty and other personnel can be committed to the project as described in the proposal, and that cost sharing commitments as detailed in the proposal will be met.

PI's Department Chair Signature	Date	PI's Dean Signature	Date

Co-PI's Department Chair Signature	Date	Co-PI's Dean Signature	Date

Grants Administration Signature	Date	Business Office Signature	Date

Provost/VPAA Signature	Date