

**Missouri State University  
INTERNAL APPROVAL FORM (IAF) FOR SPONSORED PROJECTS**

**1. GENERAL INFORMATION:**

<b>Project Title</b>				
<b>Principal Investigator / Co – P.I.</b>	<b>Dept/Unit</b>	<b>College</b>	<b>Phone Number</b>	<b>Email</b>
<b>Sponsoring Agency</b>				
<b>Project Period From:</b>	<b>To:</b>	<b>Mailing Deadline</b>		<b>CFDA NO.</b>

**2. PROPOSED BUDGET:**

	Sponsoring Agency Funds Requested	Matching		Total \$
		Cash / In-Kind	Account # for Matching \$	
<b>Direct Costs</b>				
<b>Indirect Costs</b>				
<b>Total Costs</b>				

- 3. PROJECT TYPE:** (Check all that are applicable)
- Research                       Equipment                       Service
  - Education (General)                       Education (Teacher)
  - Other (Please Specify) \_\_\_\_\_

**4. STATEMENT OF PERSONNEL INVOLVEMENT:**

<b>4. STATEMENT OF PERSONNEL INVOLVEMENT:</b>		
Are you requesting <u>reassignment of time</u> for work on this project?		
If answer is yes to previous question, <u>who will pay</u> for the reassigned time you spend on the project: department/unit or sponsor (Received in the <u>grant/contract</u> )?		
Do you have reassigned time on other sponsored projects? If yes, what is the total <u>reassigned time</u> ?		
Are you requesting compensation in the form of <u>summer salary</u> that would be paid from grant contract?		
Are you requesting extra compensation, i.e. beyond your base salary During your employment period? <u>Specify amount.</u>		

**5. FINANCIAL INTEREST DISCLOSURE/CONFLICT OF INTEREST POLICY:** The principal investigator(s) or other key participants have read the SMSU Investigator Significant Financial Interest Disclosure Policy. Each investigator hereby certifies that this project or relationship with this sponsor or other individuals/organizations involved in the project does or does not require the disclosure of significant financial interests that presents actual or potential conflict of interest. If answered to the affirmative, the investigator so involved has provided a complete disclosure of this matter as prescribed by University policy which is published on the SRP Web Page. Please check the applicable selection, print name, sign and date.

Investigator: \_\_\_\_\_  
 Does \_\_\_\_\_ Does Not \_\_\_\_\_ Print Name Signature Date

Investigator: \_\_\_\_\_  
 Does \_\_\_\_\_ Does Not \_\_\_\_\_ Print Name Signature Date

Investigator: \_\_\_\_\_  
 Does \_\_\_\_\_ Does Not \_\_\_\_\_ Print Name Signature Date

**6. REQUIRED PROPOSAL REVIEWS:** (Please check those that are applicable and explain relevance and/or status of review in Section 9)

- Human Subjects Institutional Review
- Space Management Task Force
- Control of Confidential Information
- International Student Exchange Programs
- Institutional Animal Care & Use
- Information Technology
- Intellectual Property Rights
- Long-term University Commitments

**7. ABSTRACT:** (Non-technical summary of the project suitable for publication in University publications.)


**8. APPROVALS:**

REQUIRED	SIGNATURE	DATE
Principal Investigator/Project Director		
Co-P.I.		
Co-P.I.		
Co-P.I.		
Department/Unit Head/Director		
Dean/Vice President		
Director of Sponsored Research		
OTHERS SIGNATURES AS APPLICABLE		
Vice President for Academic Affairs		
Vice President for		
Vice President for		
President		

**9. REMARKS:** (If additional space is needed, attach a separate page.)


**10. FINAL CHECKLIST:**

- Information & Signatures on IAP
- Original copy of the proposal
- Completed sponsor's forma
- Name and address for mailing
- Sponsor's guidelines for copies, packaging, etc.
- Commitments from other organizations
- Other materials for submission

Issued September 2001