

MINNESOTA STATE UNIVERSITY, MANKATO

Campus Approval for Externally Funded Projects (CAEFP)

Submission DEADLINE (mm/dd/yyyy): _____

Already Submitted by PI: Yes____ No____

Submitting a proposal for an external funding application less than five (5) working days within the deadline to RASP does not allow the office a sufficient timeline for providing a comprehensive review. If RASP does not receive the proposal at least five (5) days prior to the deadline, PI(s) will be responsible for finalizing & uploading components, and previewing their application. Please be aware that when this occurs, any errors in the application and/or proposal components are those of the PI(s) and the University reserves the right to withdraw any application that does not comply with the university, state, or federal requirements.

RASP office only: Date Received:_____ Initials_____

Project Dates (mm/dd/yyyy): _____ to _____

Proposal Title: _____

Funding Agency: _____
Program: _____

Funding Type:

- ☐ Federal
☐ State
☐ Other

Award Type:

- ☐ Grant
☐ Contract

Initiated from an Affinity Group?

- ☐ Yes
☐ No

Principal Investigator/Project Director Information (key contact if more than one PI/PD):

Last Name:_____ First Name: _____ Phone:_____

Campus Mailing Address:_____ College/Unit:_____ Dept:_____

co-PI/PD:

Last Name:_____ First Name: _____ Phone:_____

Campus Mailing Address:_____ College/Unit:_____ Dept:_____

Attach additional co-PI/PD info as needed.

Budget Summary:**Project Total****1. Direct Costs Requested from Agency**

2. Indirect Cost Recovery for MSU

Does the project require a variance on the University's indirect cost recovery policy?☐ **Yes, documentation attached**☐ **No**

In accordance with Minnesota Statute 16A.127, MSU requires indirect cost recovery on all externally funded activity. Variances are allowable only when indirect costs are limited or disallowed by the funding agency. MSU reserves the right to reject any proposal that does not include indirect costs.

Facilities and Administrative Costs**Federal
@Salary & Fringe****Non-Federal
@Total Direct Cost**On-campus 39.4% ☐On-campus 12% ☐Off-campus 12.3% ☐Off-campus 8% ☐

Waived by approval of Administration: ____ yes, see attached

3. Total Amount Requested from Agency (Add 1+2)

4. MSU Soft Cash Match (in-kind)

5. MSU Hard Cash Match [Agency Requires Yes / No]

6. Other Source Match

7. TOTAL PROJECT COSTS (Add 3+4+5+6)

REQUIRED FOR PROJECTS INVOLVING A CASH MATCH, SPECIFY THE FOLLOWING:

FY(s)	Amount	Acct #	Budget Source/Unit	Authorized Signature	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Ethics and Compliance

Plagiarism: I hereby acknowledge this proposal or any sections within the proposal is not plagiarized. The sources are cited for information taken from other's research and copied text is identified via quotation marks or indentation, including MSU institutional descriptions. Unless the source is cited, I have obtained the written consent from the original author(s) to use the text. **(Check the box, if yes.)**

Research with Human Subjects (PI is responsible to submit for review.)

Yes

No

Institutional Review Board approval # or submission date: _____

Research Using Animals (PI is responsible to submit for review.)

Yes

No

Institutional Animal Care and Use Committee approval # or submission date: _____

Responsible Conduct of Research (CITI training may be required.)

Yes

No

Project includes compensation or undergraduate, graduate, and/or post-doc students.

Federal Funding Accountability and Transparency Act

Yes

No

Will any vendors be paid \$25,000 or more for work pertaining to this project?

Export Controls

Yes

No

Does your project involve transactions with an inherently military use or transfers of items of "dual-use" (commercial or military)? This includes military technologies, potential military application, or restrictions to publication of research that may arise.

Please review MSU Compliance Requirements & Policy: www.mnsu.edu/research/rasp/postaward/forms/compliance.html

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR

YES **NO**

1. If the project is funded, would Minnesota State University, Mankato incur costs for this activity beyond the expiration of this project? If YES, check all that apply and ATTACH explanatory information.

Personnel
Equipment Maintenance
Other

2. Does the proposal include hiring personnel outside of the University? If YES, fringe benefits must be paid for employees of a Minnesota state agency and compensation will need to adhere to bargaining unit-specific language (as applicable).

3. Does the proposal involve biohazards or radioactive chemicals/materials? If YES, **ATTACH description** of proposed handling and/or disposal procedures.



4. Does the proposal include proprietary or classified information? If YES, is this potential ☐ Patent, ☐ Copyright Material, or ☐ Other? **ATTACH** explanatory information.

5. Will grant or contract terms limit the right of faculty or students to publish findings?

6. Does the proposal require special allocation of any of the following university resources? Check all that apply and **ATTACH** explanatory information.

- Space (include remodeling costs)
- Equipment (include installation costs)
- IT Resources



7. Will the project require salary compensation for faculty and/or staff? If YES, **ATTACH explanatory information**. The compensation will need to adhere to bargaining unit-specific language.

8. Are any of the faculty or professional staff listed in the grant/contract proposal on an H-1B temporary worker visa? If YES, please **ATTACH** completed [Checklist for Export Control Issues](#).

Project Director	Date
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1. _____
Department Chairperson Date

2. _____
College Dean/Admin. Unit Director Date

3. _____
Research & Sponsored Programs Date

4. _____
Vice President for Finance & Facilities Date

5. _____
Interim Associate VP for Research & Dean of Extended Campus Date _____

Financial Conflict of Interest
Statement of Disclosure

Investigator: _____

Project Title: _____

Funding Agency: _____

YES **NO**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you or your spouse or dependents (dependent children or other relatives living at the same address as the investigator or co- investigators) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization, agency, or corporation either funding a sponsored project or providing goods and services under a sponsored project on which the PI/PD or co-PI/PD is participating in any capacity? If yes, please attach an explanation on a separate sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you or your spouse or dependents the actual or beneficial owner of the voting stock or controlling interest worth more than \$5,000 of the external organization, agency, or corporation funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project? If yes, please attach an explanation on a separate sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you or your spouse or dependents derived income within the past year, or do you or any member of your immediate family, anticipate deriving income exceeding \$5,000 per year (exclusive of dividends and interest) from the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project? If yes, please attach an explanation on a separate sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have significant financial conflicts of interest with the organization to which you are applying that you would like to make known to the conflict of interest reviewers? If yes, please attach an explanation on a separate sheet. |

Certification

I have read and understand the Minnesota State University, Mankato, [Conflict of Interest Policy](#) pertaining to grant proposals and sponsored research projects; have made all financial disclosures required by the policy; will comply with any conditions or restrictions imposed by the institution to manage, reduce or eliminate actual or potential conflicts of interest should I decide to proceed with the project; and will make the Minnesota State University, Mankato, Office of Research & Sponsored Programs aware in writing of any new financial conflicts of interest that arise during the period of the award, should such an award be received.

Signature: _____ Date: _____

(Note: Each PI/co-PI/Senior Personnel should fill this form out separately.)