

# MINNESOTA STATE UNIVERSITY, MANKATO

## Campus Approval for Externally Funded Projects (CAEFP)

**Submission DEADLINE** (mm/dd/yyyy): \_\_\_\_\_

**Already Submitted by PI:** Yes\_\_\_\_ No\_\_\_\_

**Project Dates** (mm/dd/yyyy): \_\_\_\_\_ to \_\_\_\_\_

<b>Proposal Title:</b> _____ _____		
<b>Funding Agency:</b> _____		
<b>Program:</b> _____		
<b>Funding Type:</b>	<b>Award Type:</b>	<b>Initiated from an Affinity Group?</b>
Federal	Grant	Yes
State	Contract	No
Other		

**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: \_\_\_\_\_

**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 38.1%

On-campus 12%

Off-campus 10.6%

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](http://www.mnsu.edu/research/rasp/postaward/forms/compliance.html)

**TO BE COMPLETED BY PRINCIPAL INVESTIGATOR**

**YES**    **NO**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 <b><u>ATTACH explanatory information.</u></b><br>Personnel<br>Equipment Maintenance<br>Other   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the proposal involve biohazards or radioactive chemicals/materials? If YES, <b><u>ATTACH description</u></b> of proposed handling and/or disposal procedures.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the proposal include proprietary or classified information? If YES, is this potential<br><input type="checkbox"/> Patent, <input type="checkbox"/> Copyright Material, or <input type="checkbox"/> Other? <b><u>ATTACH explanatory information.</u></b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Will grant or contract terms limit the right of faculty or students to publish findings?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the proposal require special allocation of any of the following university resources? Check all that apply and <b><u>ATTACH explanatory information.</u></b><br><input type="checkbox"/> Space (include remodeling costs)<br><input type="checkbox"/> Equipment (include installation costs)<br><input type="checkbox"/> IT Resources |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Will the project require salary compensation for faculty and/or staff? If YES, <b><u>ATTACH explanatory information.</u></b> The compensation will need to adhere to bargaining unit-specific language.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 <b><u>ATTACH</u></b> completed <a href="#">Checklist for Export Control Issues</a> .   |

\_\_\_\_\_ Date  
Project Director

1. \_\_\_\_\_ Date  
Department Chairperson

2. \_\_\_\_\_ Date  
College Dean/Admin. Unit Director

3. \_\_\_\_\_ Date  
Research & Sponsored Programs

4. \_\_\_\_\_ Date  
Vice President for Finance & Admin.

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

**Financial Conflict of Interest**  
Statement of Disclosure

Investigator: \_\_\_\_\_

Project Title: \_\_\_\_\_

Funding Agency: \_\_\_\_\_

**YES**   **NO**

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.
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.
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.
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.)**