

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 _____

| | | |
|---------------------------------------|--------------------|------------------------------------------|
| Proposal Title: _____ _____ | | |
| Funding Agency: _____ | | |
| Program: _____ | | |
| Funding Type: | Award Type: | Initiated from an Affinity Group? |
| 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

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.)