

MICHIGAN STATE UNIVERSITY

APP # _____

Transmittal for Request and/or Acceptance of Gift, Grant, or Contract Support *The original and one copy of the proposal and/or notification of award must accompany this form. The PI/Department is responsible for mailing this proposal to the agency.*

_____	_____	_____ / %	_____ / %
_____	_____	_____ / %	_____ / %
_____	_____	_____ / %	_____ / %
_____	_____	_____ / %	_____ / %
_____	_____	_____ / %	_____ / %
_____	_____	_____ / %	_____ / %

PROJECT LEADER(S) _____ **Department(s)/College(s)** _____ **CUC & % for Overhead Credit** _____ **Depart. Credit if different** _____

Departmental contact person: _____ Phone: _____ CUC of unit responsible for bookkeeping: _____

SPONSOR: _____ Prime Sponsor (if different): _____
If requesting more than \$20,000 from a private or corporate foundation, e-mail or faxed approval from University Development MUST be attached. AGENCY Deadline
If sponsor is USDA, approval of MAES is required - see signature line below.

TITLE OF PROJECT: _____

Other project keywords: _____

TYPE OF PROJECT: New Supplement Continuation/Renewal Revision of APP # _____

PRIMARY NATURE OF PROJECT: Research Education Public Service Other _____

IF CHECK ATTACHED: Check No. _____ in the amount of \$ _____ to Account #(s) _____
[For Business office use: Date Deposited _____ Deposit Receipt # _____]

FIRST/CURRENT YEAR DATES & BUDGET (Sponsor's share only)

From: _____ To: _____ \$ _____

Overhead Rate: _____ % Amount to be subcontracted: \$ _____

TOTAL PROJECT DATES & BUDGET (Sponsor's share only)

From: _____ To: _____ \$ _____

Total cost sharing/matching/in-kind included: \$ _____

WILL THIS PROJECT REQUIRE OR INVOLVE:	Yes	No	Yes	No/NA
Additional space on or off campus? (Requires approval of OPB/Facilities Planning & Space Mgt. & copy of space plan.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major alterations or renovations? (Requires cost estimate from Physical Plant and approval of OPB/FPSM.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant outreach component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International activities? (Requires approval of ISP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this associated with an MAES faculty appt. or project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For NSF & PHS/NIH proposals, is the required financial conflict of interest disclosure attached?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have patent or copyright commitments been promised to the Sponsor? Patent <input type="checkbox"/> Copyright <input type="checkbox"/> No <input type="checkbox"/>				

I will conduct all research and creative activity in a manner consistent with accepted scholarly standards and in conformity with legal, professional, and University codes, policies, and regulations governing research and creative endeavors. I understand the proposed use of human subjects, human materials, vertebrate animals, hazardous substances, or international activities require appropriate review and approval prior to initiating the project.

_____ Project Leader(s) _____ Date

ADMINISTRATIVE ENDORSEMENTS / APPROVALS

Endorsement by Department(s) and College(s) indicates: approval of the project; approval to approach listed grantor(s); cognizance of project's risks and of administrative obligations; confirmation that appropriate space and facilities are/will be available; and that arrangements for matching funds are in place if the proposal is funded.

Chairperson or Director _____ Date

Chairperson or Director _____ Date

Chairperson or Director _____ Date

Chairperson or Director _____ Date

Dean _____ Date

Dean _____ Date

MI Agricultural Experiment Station or Extension Service Director, Division Director, or Research Unit Director (if applicable) MAES Project # _____ Date

Intl Studies & Programs (ISP)/FPSM (if applicable) _____ Date

Approval of Budget for conformity with MSU policies:

REMARKS:

Contract & Grant Administration _____ Date