



Authorization To Submit Request for External Funding

Use this form for *both* Contracts & Grants

Proposal No. Deadline Information

MURC Use Only Earmark Clinical Trial: <input type="checkbox"/> yes <input type="checkbox"/> no	<p>REQUIRED for proposals and contracts submitted through the Marshall University Research Corporation <i>on behalf of</i> Marshall University</p> <p>Deadline: Date: ___ / ___ / ___ Time: ___ : ___ <input type="radio"/> am <input type="radio"/> pm</p> <div style="border: 2px solid green; padding: 5px; margin: 5px 0;"> <p style="text-align: center; color: green;">Proposal has completed all internal review requirements. * DOCUMENTATION MUST BE ATTACHED * *Varies by college/department*</p> <p style="text-align: center;"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A </p> </div> <p>NSF funded (prime or subaward): <i>All personnel to be compensated on an NSF funded project are required to complete Marshall University's Responsible Conduct in Research (RCR) training requirements prior to completion of a PAR. Training is to be completed electronically through the CITI RCR course.</i></p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
--	---

Current Significant Financial Interest Disclosure (SFID) for PI and key research personnel:

yes no *Applicants of externally funded research projects, regardless of agency must have a current SFID form on file with the Office of Research Integrity prior to award. This is to be completed electronically through the IRBNet system. Instructions and link to the IRBNet system: <https://www.marshall.edu/ori/>*

PHS funded (prime or subaward): *PIs, Co-Is, and Co-PIs of PHS funded projects must complete the SFID prior to proposal submission and the CITI Conflict of Interest (COI) course prior to award setup. Instructions and link to the federally approved online CITI training system: <https://www.marshall.edu/ori/office-of-research-integrity/human-subject-research/education/>*

yes no

Investigator Information

	Principal Investigator (PI)	Co-Principal Investigator (Co-PI)	Primary Administrative Contact
Name:			
College/Center or Institute:			
Department:			
Campus Phone:			
E-mail:			
<i>Add additional Co-PIs to the Supplemental Information Box, p. 2 (use separate sheet of paper, if necessary)</i>			<i>Identify the individual who will be the primary contact for financial matters (may also be PI)</i>

Project/Sponsor Information

Sponsoring Agency: _____

Response to Proposal Announcement #: _____

Agency Program Title: _____

Your Project Title: _____

Source <input type="checkbox"/> Federal <small>CFDA # REQUIRED</small> <input type="checkbox"/> State <input type="checkbox"/> Business <input type="checkbox"/> Non-Profit Other: _____	Purpose <input type="checkbox"/> Instruction <input type="checkbox"/> Public Service <input type="checkbox"/> New <input type="checkbox"/> Research <input type="checkbox"/> Institutional <input type="checkbox"/> Continuation <input type="checkbox"/> Other	Status <input type="checkbox"/> New <input type="checkbox"/> Continuation _____ / _____ / _____ to _____ / _____ / _____ Total Amount Requested: \$ _____	Is this a CONTRACT? <input type="checkbox"/> yes <input type="checkbox"/> no <small>*Contracts must complete additional questions on page 3</small>
---	---	---	--

Agency Award Number:
For Continuations _____

Compliance Information

Does This Project Involve Any of the Following?

1. Human Subjects <input type="checkbox"/> yes <input type="checkbox"/> no	Protocol #: _____ <input type="checkbox"/> pending	5. rDNA <input type="checkbox"/> yes <input type="checkbox"/> no
2. Animals <input type="checkbox"/> yes <input type="checkbox"/> no	Protocol #: _____ <input type="checkbox"/> pending	6. Infectious Agents <input type="checkbox"/> yes <input type="checkbox"/> no
3. Hazardous Materials <input type="checkbox"/> yes <input type="checkbox"/> no		7. Bloodborne Pathogens <input type="checkbox"/> yes <input type="checkbox"/> no
4. Radioactive Materials <input type="checkbox"/> yes <input type="checkbox"/> no		

In the space provided, please list all Key Research Personnel and Project Role:
(use Supplemental Information Box on page 2 if more space is needed)

Name	Project Role	Name	Project Role
Name	Project Role	Name	Project Role
Name	Project Role	Name	Project Role

Proposal Information

Name:

Sponsoring Agency:

Project Title:

Financial Information

All proposals must include a complete budget reflecting full costs of the project; any costs not reimbursed by the sponsor must be clearly identified along with the source(s) of funds to cover them. **DETAILED PROPOSAL BUDGET AND NARRATIVE MUST BE ATTACHED**

Does the sponsor limit indirect costs? yes no *if yes, cite website or sponsor's guidelines in supplemental info box*

Does the project require cost sharing? yes no *if yes, cite website or sponsor's guidelines in supplemental info box*

COSTSHARING (*Describe University Cost Sharing Below)

	Sponsor	Institutional In-Kind	Institutional Cash	Third-Party	Total
Personnel	_____	_____	_____	_____	_____
Other Direct Costs	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
Indirect Costs	_____	_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Costsharing (if additional space needed, list in supplemental information box)

*Description of University Costsharing

Amount

Account No.
(if Institutional Cash)

Acct. Mgr. Signature
(if Institutional Cash)

*Description of University Costsharing	Amount	Account No. <i>(if Institutional Cash)</i>	Acct. Mgr. Signature <i>(if Institutional Cash)</i>

yes no **This project requires new graduate assistantship positions.** Tuition waivers must have written approval from the Dean of the Graduate College prior to submission -OR- tuition waiver must be included in the grant budget, if allowed by the agency.

yes no **This project requires faculty release time:** On page 2, please list faculty name, appointment type, percentage release time requested, and an explanation as to how the classroom replacement cost will be covered.

I hereby choose to wait until any forthcoming award notice to provide a detailed Banner-compliant budget and narrative.

I have completed and provided a detailed budget and narrative in compliance with the Banner system prior to grant submission.

Resource Information

Does the project: *(If "yes" is checked, please explain in supplemental information box, below)*

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Involve additional faculty/staff in colleges/centers other than those of the PI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Require additional personnel, laboratory and/or office space? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Require renovation of existing space? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Require utilities in excess of those typically used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Disclose patentable or confidential information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Obligate the University to funding beyond the project period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Require the establishment of new academic programs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Expect to generate revenue? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Provide for a subaward or subcontract? | <input type="checkbox"/> | <input type="checkbox"/> |

Physical location of proposed activity :

off campus on campus

Project Location:

Supplemental Information

Use the space below for clarification or required explanation/documentation such as: F & A variations, sub-award information, exemption from required college/department internal review:

Proposal Information	
Name:	
Sponsoring Agency:	
Project Title:	

Contract Section: Complete if your project is considered a CONTRACT

*If all of the following criteria are checked **NO**, the award will be considered a **fixed price** award/contract*

Agency Information:

Are there any references to:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. financial reporting, agency audit, or budget requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. costs being <i>reimbursable</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. federal circulars (except A-133) or Cost Accounting Standards (CAS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. limitations on types of allowable expenditures or prior approval issues related to expenditures? | <input type="checkbox"/> | <input type="checkbox"/> |

Agency Name:
Agency Address:
Phone/POC information:

Certifications & Responsibilities

The PI and Co-PI(s) **certify the following:** (1) the information submitted within this application is true, complete and accurate to the best of my knowledge; (2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; (3) I am not delinquent in any Federal debt; (4) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; (5) I am not delinquent in submitting final project reports to sponsors for previous awards I have received; (6) I agree to accept responsibility for the scientific conduct of this project and to provide the required progress reports if a grant is awarded; and (7) **I agree to submit any required protocols/documentation required by MURC or agency policy and complete any required training prior to expenditure of funds (see question on page 1).**

Overload/incidental pay should not be paid from federal sources. Any requests for overload/incidental pay from non-federal sources are subject to the approval of the appropriate Vice President or the MURC Oversight Committee.

In addition the **PI and Co-PI(s) accept responsibility** for: (1) adhering to University and Research Corporation policies and procedures; (2) any over-expenditures or disallowed costs; (3) ensuring that all costs incurred are project related and in accordance with contractual terms, conditions and time frames; (4) the technical and reporting requirements of the project; (5) any match commitment, whether required or voluntary, and that such commitment has been approved by all parties; (6) updating their significant financial interest disclosure form on an annual basis or as new reportable interests are obtained; (7) the development of a conflict of interest management plan, should one be needed; and (8) complying with any conditions or restrictions imposed by the University to manage, reduce, or eliminate actual or potential conflicts of interest

For PHS and NSF funded Projects: I, the PI or Co-PI (if applicable), attest by signature below that I have read Marshall University's Policy regarding training/education requirements and understand that applicants of NSF or PHS funded projects are required to complete Marshall University's Responsible Conduct in Research (RCR) and/or CITI COI training requirements in accordance with *42 CFR 50, Subpart F, and section 7009 of the America COMPETES Act (42 U.S.C. 1860c-1)*. I agree to comply with all training requirements and that they will be completed by the appropriate staff involved in the applicable research before payment of any personnel costs can be permitted through the Banner account set up for such purposes.

Administrative Contact (listed on page 1): My signature, below, states that I will serve as the administrative contact and will receive communication from MURC for the duration of the project (subject to change).

The signatures below indicate review and approval of the attached proposal and the items specified in this Authorization to Submit Form. Signatures must be secured in the order listed below: (attach additional signatures on separate sheet)

Review and Approval

PI's Signature:	Date:	Administrative Contact:	Date:
Co-PI's Signature:	Date:	Co-PI's Signature:	Date:
1. PI's Chair:	Date:	3. PI's Dean:	Date:
2. Co-PI's Chair:	Date:	4. Co-PI's Dean:	Date:
5. MURC Grants/Contract Officer:			Date:
6. Appropriate Vice President:			Date:
7. MURC Grants Manager:			Date:
8. MURC Executive Director:			Date: