

**Mississippi University for Women  
Internal Approval Sheet (IAS) for Grant Proposals**

Today's Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Internal Proposal # \_\_\_\_\_

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

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Co-PI: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Sponsoring Agency / Organization: \_\_\_\_\_

<u>Proposal Status:</u>	<u>Proposal Type:</u>	<u>Agency Type:</u>
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Research	<input type="checkbox"/> Federal
<input type="checkbox"/> New	<input type="checkbox"/> Education	<input type="checkbox"/> State of Mississippi
<input type="checkbox"/> Revised	<input type="checkbox"/> Public Services	<input type="checkbox"/> Business & Industry
<input type="checkbox"/> Competitive Renewal	<input type="checkbox"/> Scholarships & Fellowships	<input type="checkbox"/> Foundation
<input type="checkbox"/> Continuation	<input type="checkbox"/> Other:	<input type="checkbox"/> Non-Profit Agency
<input type="checkbox"/> Supplement to Existing Grant		<input type="checkbox"/> Other:

<u>Anticipated Award Terms:</u>	<u>Contract:</u>	<u>Subcontract:</u>
<input type="checkbox"/> Grant	<input type="checkbox"/> Cost-Reimbursement	<input type="checkbox"/> Cost-Reimbursement
<input type="checkbox"/> Cooperative Agreement	<input type="checkbox"/> Fixed Price	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other:		

**Abstract:**

**Special Considerations: Does the project involve any of the following?**

Sub Contractors Proposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consultants Proposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Released Time for Faculty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Development of New Academic Programs/ Courses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Summer Courses/Conferences/Workshops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Salary Support for Students	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Human Subjects	<input type="checkbox"/> Yes: Attach copy of Approved Protocol	<input type="checkbox"/> No

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*Obtain Principal Investigator(s) and Division Head(s) signatures. Submit original IAS and proposal to:  
Office of Sponsored Programs, Box W-1603. For assistance with IAS, please call 329-7462.*

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**BUDGET:**

	Year One Amount	Year Two Amount	Year Three Amount	Year Four Amount	Year Five Amount	Total Amount
(1) Total Request from Funding Agency						
(2) Total Cost Sharing from MUW						
(3) Total Request (1 + 2)						
(4) Indirect Cost						
(5) Project Total Cost (3 + 4)						

*I certify that I have reviewed the details provided on this form, and approval is granted based on the stated information:*

Title	Signature	Date
1. Principal Investigator		
2. Department Head		
3. Co-Principle Investigator		
4. Co-PI Department Head		
5. Dean(s)		
6. Director of Sponsored Programs		
7. Vice President for Academic Affairs		
8. Comptroller		

**ADMINISTRATIVE SIGNATURES:**

\_\_\_\_\_  
(V.P. for Institutional Advancement) (Date)

\_\_\_\_\_  
(V.P. for Finance & Administration) (Date)

\_\_\_\_\_  
(President) (Date)

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**Final Action of Sponsoring Agency:**      ( ) *Funded*      ( ) *Not Funded*  
**Amount \$**                      **Project Start Date**                      **Date of Notification:**

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