

**Mississippi University for Women
Internal Approval Sheet (IAS) for Sponsored Programs**

Date: _____ **Due Date:** _____ **OSP number:** _____

Sponsor: _____

Prime Sponsor: _____ **Title:** _____

Principal Investigator: _____ **Department:** _____

Phone: _____ **Email:** _____

Co-Principal Investigator: _____ **Department:** _____

Phone: _____ **Email:** _____

Co-Principal Investigator: _____ **Department:** _____

Phone: _____ **Email:** _____

Co-Principal Investigator: _____ **Department:** _____

Phone: _____ **Email:** _____

<input type="checkbox"/>	<u>Proposal Status:</u>	<input type="checkbox"/>	<u>Proposal Type:</u>	<input type="checkbox"/>	<u>Agency Type:</u>
<input type="checkbox"/>	Preliminary	<input type="checkbox"/>	Research	<input type="checkbox"/>	Federal
<input type="checkbox"/>	New	<input type="checkbox"/>	Instruction	<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"/>	Private/ Non-Profit
<input type="checkbox"/>	Continuation	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other
<input type="checkbox"/>	Supplement to Existing Grant				

<input type="checkbox"/>	<u>Anticipated Award Terms:</u>	<input type="checkbox"/>	<u>Contract:</u>	<input type="checkbox"/>	<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:				

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

Subcontractors Proposed	Yes	No
Consultants Proposed	Yes	No
Released Time for Faculty	Yes	No
Development of New Academic Programs/ Courses	Yes	No
Summer Courses/Conferences/Workshops	Yes	No
Salary Support for Students	Yes	No
Human Subjects	Yes	No
Animal Use	Yes	No

IRB Approval: Pending Received NA
IACUC Approval: Pending Received NA

BUDGET:

	Year One Amount	Year Two Amount	Year Three Amount	Year Four Amount	Year Five Amount	Total Amount
(1) Total Direct Costs						
(2) Total Indirect Costs (rate: %)						
(3) Total Requested Costs						
(4) Total Cost Share						
(5) Project Total Cost (3 + 4)						

SIGNATURES: I certify that I have reviewed the details provided on this form, and approve the information as stated.

Principal Investigator

Date

Co-Principal Investigator

Date

Department Head

Date

Department Head

Date

Dean

Date

Dean

Date

NOTES:

Director of Sponsored Projects

Date

V.P. for Academic Affairs

Date

**V.P. for Finance & Administration
(If applicable)**

Date

**Office of Alumni and Development
(If applicable)**

Date

version: 4/20/2020