Murray State University

PROPOSAL APPROVAL FORM

Submit the typed form and copy of the proposal to Office of Sponsored Program, 328 Wells. Read instructions provided. Call 3534 with questions about the form or process.

Deadline Published By Sponsor:	Postmark deadline date	
	Receipt deadline date	

Principal Investigator/Project Director Must be an employee of Murray State University

Name			
Initiating Department		Initiating Department FOAPAL	
Telephone		E-mail	

Collaborators List only those who are employees of Murray State University

Name		Department	
Name		Department	
Name		Department	
Name		Department	

Sponsor Name:		CFDA#	Initial	

-through Other college/university

Project Information:

Project Title:			
Project Start Date:		Project End Date:	
Project Total Request:	$	If multi-year project give start/end dates and funds requested for entire project.	

Is It A?

New project or subcontrac
Competing renewal *
Contract or Subcontract
Non-competing continuation *

Total to Subcontractor:

* Previous grant/contrac number or other ID#

±Basic Research- Applied Research- Development Public service Other

Is this Sustainable Research?

Yes

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APPROVAL SIGNATURES					
1. PI/PD/MSU Collaborator(s)	Date	2. Dept. Chair(s)/Unit Director(s)	Date	3. College/School Dean(s)	Date
PI/PD:					
4. Division Vice President(s)		5. Sponsored Programs Director		6. Accounting/Financial Director	
		Initial			

Compliance: Review applicable university policies, then indicate whether or not each one applies to this project. If yes, indicate date of approval by appropriate university review committee and attach letter of approval.