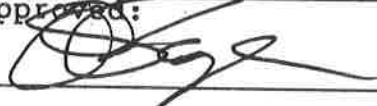


AUSTIN PEAY STATE UNIVERSITY
POLICIES AND PROCEDURES MANUAL

Policy Number: 99:007	Supersedes Policy Number: 99:007
Date: December 20, 1989	Dated: August 1, 1986
Subject: Grant Proposals Preparation	
Initiating Authority: Vice President for Development	TBR Policy/Guideline Reference:
Approved:  President	

State regulations and most granting agencies require that all grant requests be submitted for the President's signature prior to mailing to any agency external to the University. At APSU all grant requests must be submitted to the Office of Grants and Sponsored Programs a minimum of two weeks prior to the required mailing date. A Proposal Approval Sheet (PPM Form 99:007:a) must be completed in triplicate and attached to the grant proposal.

The grant and contract check list and budget information form (PPM Form 99:007:b) must be completed by the Dean or Director and the appropriate senior administrator prior to submission to the Office of Grants and Sponsored Programs.

The Office of Grants and Sponsored Programs will read the proposal for style and form, and make all necessary changes known to the applicant. The grant request will then be submitted to the Vice President for Finance and Administration for review as to the commitment of University funds (overhead, release of time, fringe benefits, equipment, etc.) for budgeting purposes and contract commitments.

After compliance with the above regulations, the grant application will be recommended by the Office of Grants and Sponsored Programs to the President for his signature, and then released for mailing.

Immediately upon notification of grant award, the Office of Grants and Sponsored Programs should be notified (see APSU policy 99:008). All grants received from external sources will again be reviewed by the Office of Grants and Sponsored Programs, Vice President for Finance and Administration and the President before acceptance.

AUSTIN PEAY STATE UNIVERSITY
PROPOSAL APPROVAL SHEET

EGO NO. _____

Date _____

Department: _____

Principal Investigator: _____

Sponsor: _____

Project Title: _____

Project Period: From _____ To _____

Proposal Status (Please check as appropriate)	Month	Year	Month	Year
New Project	_____	_____	_____	_____
Renewal	_____	_____	_____	_____
Continuation	_____	_____	_____	_____
Extension	_____	_____	_____	_____
Supplement	_____	_____	_____	_____

Summary of Costs: 1st Yr. (Req'd.) 2nd Yr. (Opt.)
Sponsor Cost _____

Cost Sharing _____
Total Budget Cost _____
% Cost Sharing _____

Present Fund Code: _____

Sponsor's Deadline for Mailing: _____
Month _____ Day _____

PRINCIPAL INVESTIGATOR'S STATEMENT:

- The Proposal involves Human Subjects. If yes, is approval by the Committee on the use of Human Subjects attached? If no, attach an explanation. Yes _____ No _____
- Is space already assigned to the principal investigator adequate for the proposed program? Yes _____ No _____
- Will additional personnel be required? If yes, attach an explanation. Yes _____ No _____
- Will computer usage be required? Yes _____ No _____
- Will animals be required? Yes _____ No _____
- The Proposal involved recombinant DNA molecules. If yes, is approval by the Biohazards Committee attached? Yes _____ No _____

Date: _____ Signature: _____

DEPARTMENT CHAIRPERSON, DEAN'S AND V. PRESIDENT'S STATEMENT: Except as noted below, we concur with the submission of this proposal, which is consistent with the educational and research objectives of the Department and School, and agree:

- To release the designated faculty for the effort indicated.
- To bear the Institutional share of the project cost from available non-federal funds.
- That space already assigned to the department is adequate and suitable for the proposed program.
- That the decision of the Principal Investigator concerning Human Subjects is appropriate.

Department Chairperson's Signature: _____ Date _____
Dean's Signature: _____ Date _____
V. President's Signature: _____ Date _____
V. President Finance and Administration's Signature: _____ Date _____

COMMENTS: _____

COORDINATOR OF EXTERNAL GRANTS STATEMENT: A review has been made to determine that University procedures for preparing proposals have been considered and required action taken. See page for Information to Coordinator of External Grants.

Date: _____ Signature: _____

APPROVED FOR AUSTIN PEAY STATE UNIVERSITY BY: _____ DATE _____

PRESIDENT _____ DATE _____

PART II
 INFORMATION TO COORDINATOR OF EXTERNAL GRANTS
 FOR USE IN REVIEWING PROPOSALS

Proposals must arrive at EGO a minimum of two (2) weeks prior to desired mailing time. This minimum is required to allow proper review and coordination with the University Officers.

A determination must be made to insure appropriate action has been taken concerning the following items or the proposal cannot be approved or forwarded by the University.

CHECK AS APPROPRIATE - attach explanatory statement where a No answer is recorded:

YES	NO	
___	___	Budget has been prepared per sponsor requirements and APSU Policy.
___	___	When included, has cost of animals been included in the proposal budget?
___	___	If sponsor does not prescribe budget format, has APSU budget format been used?
___	___	Current budget reviewed for necessary adjustments based on actual variances of previous award budgets.
___	___	University Cost Sharing is in accordance with APSU Policy.
___	___	University Cost Sharing is included with budget per sponsor requirement or attached as support document.
___	___	Cost Sharing commitments expire concurrently with the project.
___	___	Has the University's regular negotiated overhead rate been used per APSU Policy?
___	___	When applicable, has the rental, construction or renovation of any space or structure, or the purchase of land or buildings, been approved by the Vice President for Development?
___	___	When applicable, has the purchase or lease of electronic data processing hardware or software, or the contracting for data processing services, been approved by the Office of Development.
___	___	When applicable, necessary clearances have been obtained from other participating Department and /or Schools or Agencies.
___	___	When applicable, has the establishment of any new academic program (degree, non-degree, on-grounds or off-grounds) been approved by the Office of Academic Affairs.
___	___	When applicable, has the request or assignment of additional space been approved by the Vice President for Development.
___	___	Research personnel have or will execute a APSU Patent Policy Agreement.
___	___	When applicable, has the lease or purchase of telecommunications equipment or facilities been approved by the Vice President for Development and the Vice President for Finance and Administration.

Remarks: _____

 PRINCIPAL INVESTIGATOR

 DEAN/DIRECTOR

GRANT AND CONTRACT CHECK LIST
OFFICE OF EXTERNAL GRANTS
REMAINS IN EGO

To be completed by
Principal Investigator

Date _____

Principal Investigator _____ S.S.# _____
Department _____ Campus Address _____ Room _____
Building _____ Mail _____ Phone _____ Project Title _____

Agency _____ Deadline _____

New _____ Renewal/Continuation/Supplement of _____
Will Project require: Additional Space _____ Additional Utilities _____ Human

Subjects _____ Animal Care _____ (Yes or No) Committee Approval Dates _____
Human Subjects _____ Animal Care _____ Other _____

Does P.I. accept University Patent Policy? _____ Educational Service? _____
Source of Funds for Cost Sharing _____

Total Project Period From _____ To _____

Approvals
Principal Investigator _____ Date _____ V.P. Academic Affairs or _____ Date _____
Appropriate V. President

(OVER)

BUDGET INFORMATION

To be completed by
University Dean
or Director

Date: From _____ to _____

<u>Category</u>	<u>Total</u>	<u>Agency</u>	<u>University</u>	<u>Other</u>
Salaries-Faculty	_____	_____	_____	_____
Salaries-Other	_____	_____	_____	_____
Staff Benefits ___%	_____	_____	_____	_____
Equipment	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Computer	_____	_____	_____	_____
Other Direct Costs ___%	_____	_____	_____	_____
Total Indirect Costs ___%	_____	_____	_____	_____
Total Costs	_____	_____	_____	_____
Percentage	_____	_____	_____	_____
Remarks	_____	_____	_____	_____

Dean or Director's Signature _____