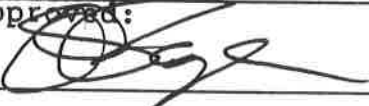


AUSTIN PEAY STATE UNIVERSITY  
POLICIES AND PROCEDURES MANUAL

Policy Number:	Supersedes Policy Number:
99:007	99:007
Date:	Dated:
December 20, 1989	August 1, 1986
Subject:	
Grant Proposals Preparation	
Initiating Authority:	TBR Policy/Guideline Reference:
Vice President for Development	
Approved:	
 <div style="text-align: right;">President</div>	

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 \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Proposal Status (Please check as appropriate)

New Project \_\_\_\_\_ Summary of Costs: 1st Yr. (Req'd.) 2nd Yr. (Opt.)

Renewal \_\_\_\_\_ Sponsor Cost \_\_\_\_\_

Continuation \_\_\_\_\_ Cost Sharing \_\_\_\_\_

Extension \_\_\_\_\_ Total Budget Cost \_\_\_\_\_

Supplement \_\_\_\_\_ % Cost Sharing \_\_\_\_\_

Present Fund Code: \_\_\_\_\_

Sponsor's Deadline for Mailing: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_

**PRINCIPAL INVESTIGATOR'S STATEMENT:**

1. 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
2. Is space already assigned to the principal investigator adequate for the proposed program? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Will additional personnel be required? If yes, attach an explanation. \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Will computer usage be required? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Will animals be required? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. 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:

1. To release the designated faculty for the effort indicated.
2. To bear the Institutional share of the project cost from available non-federal funds.
3. That space already assigned to the department is adequate and suitable for the proposed program.
4. 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

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)

PPM Form 99:007:b

To be completed by  
University Dean  
or Director

BUDGET INFORMATION

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 \_\_\_\_\_