

# 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:** \_\_\_\_\_

<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"/> 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		

<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:		

**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**

**VP for Academic Affairs**

**Date**

**VP for Operations & CFO**

**Date**

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

**Date**

version: 9/19/2024