

New
 Revision
 Modification:

 (Banner #)

PROPOSAL CERTIFICATION FORM

Montana Tech Office of Research and Graduate Studies

PI Employee ID #: _____
 Received: _____

I. PROCEDURES: Investigator(s) are required to fill out this form, obtain all required signatures, and submit this form plus one copy of the Proposal to the Office of Research **7 days PRIOR to deadline. Please allow 7 working days for Administrative Review.**

Date Submitted: _____ Sponsor Deadline: _____ Opportunity #: _____
 PI Name: _____ Department: _____
 Co-PI Name(s): _____ Department: _____
 _____ Department: _____
 Proposal Title: _____
 Funding Source Name: _____ Submission Format: Electronic Paper
 Funding Source Type(s): Federal State Industry Non-Profit Other (cities, counties, conservation districts, etc.)
 Does Sponsor Require a Match? Yes No If yes, please provide documentation
Total Request from Sponsor \$ _____ IDCs included in Total: \$ _____
 Year 1 (if applicable) \$ _____
 Match Amount: MT Tech \$ _____
 Match Amount: Other \$ _____
 Source: _____ Project Period: From: _____ Through: _____
Total Project: \$ _____ Expected Agency Decision Date: _____

II. UNIVERSITY OBLIGATIONS (To be completed by Principal Investigator): Respond fully to the following items. It is imperative that all University obligations and responsibilities both during the grant period and afterward be clearly defined and explained.

WILL MONTANA TECH BE OBLIGATED TO:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	(a) Provide faculty release time? IF YES , approval by: Department Head _____
<input type="checkbox"/>	<input type="checkbox"/>	(b) Provide space in addition to that which is now allocated to the academic unit? IF YES , approval by: VCAA _____
<input type="checkbox"/>	<input type="checkbox"/>	(c) Provide building alterations or install any equipment? IF YES , approval by: Physical Facilities Director _____
<input type="checkbox"/>	<input type="checkbox"/>	(d) Purchase or acquire any equipment ? IF YES , approval by: Director of Purchasing & Budget _____
<input type="checkbox"/>	<input type="checkbox"/>	(e) Hire new faculty and/or staff? IF YES , approval by: Department Head _____ Dean _____
<input type="checkbox"/>	<input type="checkbox"/>	(f) Change the conditions of employment of present employees? IF YES , approval by: Department Head _____ Dean _____
<input type="checkbox"/>	<input type="checkbox"/>	(g) Continue the program after the sponsor terminates support? IF YES , approval by: Department Head _____ Dean _____

IF YES, please provide more information/documentation required to support your request.

III. MATCHING AND INDIRECT COST REINVESTMENT INFORMATION: Any cost sharing/matching mentioned in the narrative or budget needs to be listed below and approved, whether or not it meets a sponsor requirement. If cost sharing includes contributions from third parties, such as non-profit agencies, state agencies, industry sponsors, and/or private individuals, the Principal Investigator must provide written documentation of this commitment. Any proposed reinvestment of IDCs should also be listed and must be approved by the Research Office **PRIOR** to proposal submission.

Matching Requirements	Description	Match Amount	Source of Match	Banner #	Approval
Salary/Wages: PI Name	_____	\$ _____	_____	_____	_____
Other Names	_____	\$ _____	_____	_____	_____
	_____	\$ _____	_____	_____	_____
Fringe Benefits: @ _____ % of	\$ _____	\$ _____	_____	_____	_____
Indirect Costs: @ _____ % of	\$ _____	\$ _____	_____	_____	_____
Other Cost Sharing: (identify)	_____	\$ _____	_____	_____	_____
	_____	\$ _____	_____	_____	_____
	_____	\$ _____	_____	_____	_____
Total Match:		\$ _____			
Indirect Cost Reinvestment:		\$ _____			
Total Match:		\$ _____			OSP

IV. PROCEDURAL INFORMATION: Detailed information is available in the **Principal Investigator's Handbook** located on the Research Office Web page at http://www.mtech.edu/research/policies/Policies_and_Procedures.html

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	(1) <u>Will this project utilize human subjects?</u> IF YES , review/approval from the Institutional Review Board campus representative is required.
<input type="checkbox"/>	<input type="checkbox"/>	(2) <u>Will this project utilize radioactive materials, biohazardous or hazardous chemicals, nanomaterials, and/or generate radioactive, biohazardous, or hazardous waste?</u> IF YES , review and approval from the Environmental Health and Safety Director is required.
<input type="checkbox"/>	<input type="checkbox"/>	(3) <u>Will this project present possible exposure to bloodborne pathogens or utilize recombinant DNA?</u> IF YES , review and approval from the Environmental Health and Safety Director is required.
<input type="checkbox"/>	<input type="checkbox"/>	(4) Have you reviewed <u>personnel salary rate requirements</u> with the Office of Budget and Human Services and the Office of Contracts and Grants?
<input type="checkbox"/>	<input type="checkbox"/>	(5) <u>Do you propose to pay extra compensation to any University employee?</u> IF YES , it must be identified as such in the proposal budget submitted to the sponsor.
<input type="checkbox"/>	<input type="checkbox"/>	(6) Do you propose to hire any undergraduate, graduate, or postdoctoral students? IF YES , the <i>Research Integrity Training Certification Form</i> must be completed prior to award set-up .
<input type="checkbox"/>	<input type="checkbox"/>	(7) Is the proposed activity the result of a <u>collaborative effort</u> with another institution, agency, or organization? IF YES , Please list them: _____
<input type="checkbox"/>	<input type="checkbox"/>	(8) <u>Do you propose to utilize the services of non-University consultants?</u> IF YES and this is federally funded, the consulting rate cannot exceed federal guidelines.
<input type="checkbox"/>	<input type="checkbox"/>	(9) <u>Do you anticipate any curriculum changes or additions?</u> IF YES , appropriate Dean must also sign this Certification Form.
<input type="checkbox"/>	<input type="checkbox"/>	(10) <u>Does your proposed project offer academic credit?</u> IF YES , appropriate Dean must sign.
<input type="checkbox"/>	<input type="checkbox"/>	(11) <u>Does the proposed project involve cost sharing, matching funds?</u> IF YES , complete Section III.
<input type="checkbox"/>	<input type="checkbox"/>	(12) <u>Does the proposal contain proprietary information that could result in a premature patent disclosure?</u> IF YES , contact the Research Office for guidance on protecting intellectual property.
<p>(13) In accordance with the Montana Tech Conflict of Interest Policy regarding financial disclosure, by initialing this form I certify that I am in compliance with federal, state, and University regulations regarding Conflict of Interest. (Initialed by the Principal Investigator and ALL Co-Principal Investigators.)</p> <p>_____</p>		
<p>If you feel you may have a potential conflict of interest, please contact the Research Office..</p>		

V. REVIEW AND APPROVAL: **I / We** certify that staff time of individuals involved, faculty release time, space, equipment, facilities, hazardous material disposal, alterations, cost sharing funds, etc. required for this project are available or are a part of the direct costs requested in the proposal. **I / We** certify that all information on this form is correct. **I / We** have read the information on the Web page: http://www.mtech.edu/research/policies/Policies_and_Procedures.html and understand **my / our** responsibilities as **Principal Investigator** and **Co-Principal Investigator(s)**.

	Signatures	Date
Principal Investigator	_____	_____
Co-PI (s)	_____	_____
Department Head (s)	_____	_____
Dean (s)	_____	_____
VCAA (if required from Section II , b)	_____	_____
Physical Plant Director (if required from Section II , c)	_____	_____
Institutional Review Board (if required from Section IV , 1)	_____	_____
Environmental Health & Safety (if required from Section IV , 2 or 3)	_____	_____
Director of Sponsored Programs	_____	_____
Vice Chancellor for Research	_____	_____

PROPOSAL CERTIFICATION FORM INSTRUCTIONS

Montana Tech Office of Research and Graduate Studies (ORGS)

I. SUBMISSION PROCEDURES

The Proposal Certification Form must be completed by the Principal Investigator for all proposals or applications submitted to outside organizations and seeking financial support of research, creative activities, education, outreach and/or any other special projects that may result in a contract, grant, or other agreement with Montana Tech. The **Proposal Certification Form** must be reviewed and signed by the Principal Investigator, Co-PI(s), Department Head(s), Dean(s) and, if required, the Physical Plant Director, Environmental Health and Safety Director, Institutional Review Board Campus Representative, VCAA and the Director of the Office of Sponsored Programs **PRIOR** to forwarding to the Vice Chancellor for Research for final approval and certification. A new Proposal Certification Form is also required for renewal proposals submitted to sponsors for on-going, multi-year projects, if the sponsor requires a new application and a new budget each year. The form is used to obtain required internal academic and administrative approvals, to generate a transmittal letter for the proposal, if needed, and to accurately track and report all research proposals at Montana Tech. The form is not sent to the funding sponsor. After obtaining all required signatures, please submit this form plus one copy of the Proposal (including all budgets and attachments) to the Office of Research at least **7 working days PRIOR** to proposal deadline. Please allow 7 working days for Administrative Review.

New/Revision/Renewal—Mark the appropriate category for the proposal. If a new proposal not previously submitted, mark “New”, if a revision of a previously submitted proposal, mark “Revision”, and if a renewal of a currently funded project (for example, a second year funding budget request for a three year project), mark “Renewal” and indicate the current Banner Number. If the proposal seeks additional funding and duration to continue or extend project scheduled to end, check “New” and provide Banner number of current project.

Proposal Number/Received—Leave blank. A number will be assigned upon receipt by the Research Office.

Date Submitted—Enter current date you are submitting your proposal to the Research Office.

Sponsor Deadline—If the sponsor has indicated a deadline for proposal submission, indicate the deadline date and whether the date is a postmark or receipt (“to be received by”) deadline. It is important to indicate the date and time of the deadline since there are some limitations in the time of day (and number of days) we can get a proposal delivered. If the proposal is being submitted in response to a Request for Proposals (RFP) or Announcement, indicate the RFP or Announcement number, and **enclose a full copy of the RFP**. Enter the number of copies required by the sponsor (including the signed original), add a copy for ORGS and then identify the total copies. Next to the submission format box.

PI Name/Co-PIs—Enter the name of person to act in the capacity of Principal Investigator (PI) at Montana Tech. The first investigator listed is the person who will serve as lead for administrative purposes that will include serving as the primary manager in the event of an award. Enter the name(s) of all Co-PIs. The PI and each Co-PI must have satisfactorily completed Montana Tech’s PI training.

Department—List the Montana Tech department, organization, program, or unit where the PI is assigned. Unless additional information is provided, this will determine which organizational unit will receive Indirect Cost Recovery funds generated from the grant. Also include department names for all Co-PIs.

Proposal Title—Provide the entire Proposal title, exactly as used for the proposal.

Funding Source Name and Type—Indicate the name of the funding sponsor(s) and mark the type of funding source for the primary sponsor.

Total Request from Sponsor—Provide the total dollar amount requested from the sponsor. If it is a multi-year contract, indicate total funding on this line and the Year 1 amount on the line below.

IDCs Included in Total—List the total IDCs requested. This amount is PART OF, not in addition to the Total Requested amount.

Match Amount: Montana Tech—If Montana Tech is sharing in the cost of the project, enter the value of the contributed costs including indirect costs and fill out **Section III** entitled “**Matching and Indirect Cost Reinvestment Information**.” Cost sharing is discouraged unless specifically required by the sponsor. Any amounts committed must be approved by the fiscal manager and the Vice Chancellor of Research.

Match Amount: Other—Enter the amount of any additional matches to be provided by outside agencies and include their letters of support or other documentation.

Source—Indicate the source of any additional proposed match funding (for example, funding agency or company).

Total Project—The total of the proposed project, request plus match. If completing this form as a PDF this field will automatically calculate the value.

Project Period—Enter the requested start and end dates for the project (for example, 1/1/13-12/31/14).

Agency Decision Date—Expected announcement date of award (month and year).

II. UNIVERSITY OBLIGATIONS

This section should be completed by the Principal Investigator. It is important to be especially careful to respond fully to all seven questions. All **University obligations and responsibilities** (both during the grant period and afterward) must be clearly defined and explained. **IF YES**, to any of the questions is indicated, the appropriate approvals are required for each item, and additional documentation should be attached to the form.

PROPOSAL CERTIFICATION FORM INSTRUCTIONS

Page 2

III. MATCHING AND INDIRECT COST REINVESTMENT INFORMATION

All cost sharing or matching referenced in the proposal must be listed, the source of funding must be indicated (Banner numbers), and the cost share/matching funds must be approved by those accountable for the funds (typically Department Head or Dean). The Office of Sponsored Programs will use this information to track and account for the cost sharing/matching funds. If cost sharing includes contributions from third parties, such as, non-profit agencies, state agencies, industry sponsors, and/or private individuals, the PI must obtain written documentation of these funds from the contributor.

Matching Requirements—List all costs proposed as matches. Under *Description*, list specific items (name of project director, faculty, type of equipment, cash, Fringe Benefit rate, IDC rate, etc.). If match is required by the granting agency, documentation showing this requirement MUST be submitted with the PCF. Indicate the source of the match and the Banner Index Number associated with that source. The match must be approved and initialed by the individual who is fiscally responsible for the Banner Index Number referenced.

Indirect Costs Reinvestment—List the amount of any proposed reinvestment of collected IDCs. The Vice Chancellor for Research must approve all Indirect Costs shared and/or reinvested **PRIOR** to proposal submission to the funding agency.

IV. PROCEDURAL INFORMATION

This section is to be completed by the Principal Investigator and Co-Principal Investigators and reviewed by the appropriate Department Head(s) and Dean(s). Detailed information is available in the Principal Investigator's Handbook on the Web at www.mtech.edu/research/policies/Policies_and_Procedures.html. PIs and all Co-PIs must initial **Item 13** to indicate that they have read, understand, and certify the conditions of Montana Tech's Conflict of Interest Policy (see www.mtech.edu/research/policies/Policies_and_Procedures.html).

V. REVIEW AND APPROVAL

Obtain all Signatures and Approvals PRIOR to Submitting to the Research Office or to the Funding Agency.

PI and Co-PIs Signatures—All Investigators involved in this project must sign and certify that all information on this form is correct and that all Investigators have read the information on the Web page and understand the responsibilities as Principal Investigator and Co-PI(s). These responsibilities include but are not limited to complying with the Sponsor's requirements and with the Montana Tech Conflict of Interest Policy, Research Integrity Policy, Invention and Patent Policy (MUS) (links to these policies are at http://www.mtech.edu/research/policies/Policies_and_Procedures.html) and the applicable Montana Tech Environmental Health and Safety Policy (located in the Principal Investigator's Handbook).

Department Head(s)—Department Head/Program Director/Unit Leader must review the requirements of the proposal and, by signature, certify review of **Section II** and that staff time or individuals involved, space, equipment, facilities, hazardous material disposal, alterations, cost sharing funds, etc. required for this project are available or are a part of the direct costs requested in the proposal.

Dean(s)—Dean(s)/MBMG Director must review the requirements of the proposal and, by signature, certify review of **Section II** and that staff time of individuals involved, space, equipment, facilities, hazardous material disposal, alterations, cost sharing funds, etc. required for this project are available or are a part of the direct costs requested in the proposal.

VCAA (if required)—The Vice Chancellor for Academic Affairs must sign if indicated in **Section II**.

Physical Plant Director —If the proposed work will result in additional space or any building alterations, approval is required by the Physical Plant Director.

Institutional Review Board—If the proposed work will utilize human subjects, the signature of the Institutional Review Board Campus Representative is required.

Environmental Health and Safety—If the proposed work will use or generate hazardous materials or hazardous wastes, the signature of the Environmental Health and Safety Director is required.

Budget Approval—The Director of Sponsored Programs must review and approve all proposals for budget accuracy and must sign as indicated.

Vice Chancellor for Research—The Vice Chancellor for Research must approve all proposed cost sharing/matching funds. The VCR is also the only **Authorized Institutional Representative** for final approval and certification of ALL Grant and Contract applications submitted through Montana Tech.