

# PROPOSAL CERTIFICATION FORM

**MONTANA TECH Office of Research and Graduate Studies (ORGS)**

ORGS Proposal #: \_\_\_\_\_

**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 **PRIOR to deadline**. **Please allow 2-3 working days for Administrative Review.**

Date Submitted: _____	Deadline: _____	RFP #: _____	Copies Required: _____
PI Name: _____	Department: _____		
Co-PI name(s): _____	Department: _____		
Proposal Title: _____	Department: _____		
Abbreviated Title (4-5 words): _____			
Funding Source Name(s): _____			
Funding Source Type(s): <b>(circle)</b> Federal    State    Industry    Non-Profit    Other (cities, counties, conservation districts, etc.)			
Total Request from Sponsor	\$ _____	Total IDCs Requested:	\$ _____
Match Amount: MT Tech	\$ _____	<b>(Section III BELOW Required)</b> PROJECT DURATION:	
Match Amount: Other	\$ _____	Starting Date:	_____
Total Project:	\$ _____	Ending Date:	_____

**II. UNIVERSITY OBLIGATIONS (To be completed Principal Investigator):** Be especially careful to 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:**

<b>YES</b>	<b>NO</b>	
_____	_____	(a) Provide faculty release time? <b>IF YES</b> , obtain Department Head review and approval _____.
_____	_____	(b) Provide <b>space</b> in addition to that which is now allocated to the academic unit? <b>IF YES</b> , obtain review and approval from Doug Abbott _____.
_____	_____	(c) Provide <b>building alterations</b> or <b>install</b> any equipment? <b>IF YES</b> , obtain review and approval from Rollo Shea _____.
_____	_____	(d) Purchase or acquire any <b>equipment</b> ? <b>IF YES</b> , please see Dan Faught, Associate Director, Budgets & Purchasing.
_____	_____	(e) <b>Hire</b> new faculty and/or staff? <b>IF YES</b> , obtain review and approval from Department Head _____ and Dean _____.
_____	_____	(f) Change the conditions of employment of present employees? <b>IF YES</b> , obtain review and approval from Department Head _____ and Dean _____.
_____	_____	(g) <b>Continue the program</b> after the sponsor terminates support? <b>IF YES</b> , obtain review and approval from Department Head _____ and Dean _____.

**IF YES** to any of the above, please obtain the appropriate approvals and provide more information/documentation as necessary.

**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
<b>Initials</b>					
Salary/Wages: PI Name	_____	\$ _____	_____	_____	_____
Other Names	_____	\$ _____	_____	_____	_____
	_____	\$ _____	_____	_____	_____
Fringe Benefits: @ _____ % of \$	_____	\$ _____	_____	_____	_____
Indirect Costs: @ _____ % of \$	_____	\$ _____	_____	_____	_____
Other Costs: (identify)	_____	\$ _____	_____	_____	_____
	_____	\$ _____	_____	_____	_____
	_____	\$ _____	_____	_____	_____
<b>Total Match:</b>		<b>\$ _____</b>			
<b>Indirect Costs Reinvestment:</b>		<b>\$ _____</b>			
<b>Total IDC Reinvestment</b>		<b>\$ _____</b>			

Office of Research

**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](http://www.mtech.edu/research/policies/Policies_and_Procedures.html)

YES	NO	
_____	_____	(1) <u>Will this project utilize human subjects?</u> <b>IF YES</b> , review/approval from the Institutional Review Board campus representative is required.
_____	_____	(2) <u>Will this project utilize radioactive materials, biohazardous or hazardous chemicals, and/or generate radioactive, biohazardous, or hazardous waste?</u> <b>IF YES</b> , review and approval from the Environmental Health and Safety Director is required.
_____	_____	(3) <u>Will this project present possible exposure to bloodborne pathogens or utilize recombinant DNA?</u> <b>IF YES</b> , review and approval from the Environmental Health and Safety Director is required.
_____	_____	(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?
_____	_____	(5) <u>Do you propose to pay extra compensation to any University employee?</u> <b>IF YES</b> , it must be identified as such in the proposal budget submitted to the sponsor.
_____	_____	(6) Is the proposed activity the result of a <u>collaborative effort</u> with another institution, agency, or organization?
_____	_____	(7) <u>Do you propose to utilize the services of non-University consultants?</u> <b>IF YES</b> and this is federally funded, the consulting rate cannot exceed federal guidelines.
_____	_____	(8) <u>Do you anticipate any curriculum changes or additions?</u> <b>IF YES</b> , appropriate Dean must also sign this Certification Form.
_____	_____	(9) <u>Does your proposed project offer academic credit?</u> <b>IF YES</b> , appropriate Dean must also sign this Certification Form.
_____	_____	(10) <u>Does the proposed project involve cost sharing or matching funds?</u> <b>IF YES</b> , Cost Sharing Section III above must be completed and approved.
_____	_____	(11) <u>Does your proposed project require the reinvestment of collected Indirect Cost funds?</u> <b>IF YES</b> , Cost Sharing Section III above must be completed and approved.
_____	_____	(12) <u>Does the proposal contain proprietary information that could result in a premature patent disclosure?</u> <b>IF YES</b> , contact ORGS for guidance on marking the proposal to protect the intellectual property.
_____	_____	(13) In accordance with the Montana Tech <b>Conflict of Interest Policy</b> regarding financial disclosure, <b>YOUR INITIALS HERE</b> _____ certify that you have no required financial disclosure and are in compliance with federal, state, and University regulations regarding Conflict of Interest. If you feel you may have a potential conflict of interest, please contact the ORGS. <b>(This should be initialed by the Principal Investigator and ALL Co-Principal Investigators.)</b>



**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](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&R (if required from <b>Section II</b> , b)	_____	_____
Physical Plant Director (if required from <b>Section II</b> , c)	_____	_____
Institutional Review Board (if required from <b>Section IV</b> , 1)	_____	_____
Environmental Health & Safety (if required from <b>Section IV</b> , 2 or 3)	_____	_____
Director, Sponsored Programs and Grant Accounting	_____	_____
Associate Vice Chancellor for Research	_____	_____