Internal Proposal Certification Form

*** Investigator(s) are required to complete this form and submit along with a copy of the proposal and guidelines to the Research Office **7 days PRIOR to the deadline.** ***

Submission Due Date:	Proposal Processing Number:

PI and Co-PI Information	Use Supplement #1 for Additional Co-PIs	
Full Name	Department	Employee ID

Proposal Title:

Originating Sponsor: _____ **Immediate Sponsor:** _____

Solicitation Number: _____

Project Dates: From: _____ To: _____ **CFDA:** _____

Submission Type:

- ◯ New
- ◯ Additional Funding: _____ (Banner Index)

Proposal Classification:

- ◯ Research
- ◯ Other Sponsored Activity
- ◯ Instruction

Emphasis Area:

- ◯ Natural Resources
- ◯ Energy
- ◯ Materials and Manufacturing
- ◯ Biomedical/Health
- ◯ Supporting Capabilities/Facilities

Budget:

		$ 0
Total Direct Costs	F&A	Total Requested

Amount to Cost Share*

(if applicable)

Amount to SubAward+

(if applicable)

Research Office Use Only:			
Submission Method	Special Instructions:	In:	
		Out:	

* Cost Share Form and Separate Cost Share Budget Required

\+ SubAward Documentation Required

Yes	No	
○	○	**Have you and all other investigators completed **PI and RCR training**? OSP Verified:_____
○	○	**Have you and all other investigators completed **Research Security Training**? OSP Verified:_____
○	○	Does sponsor policy prohibit or restrict F&A? If yes, attach policy.
○	○	Does sponsor policy require mandatory cost share (matching funds)? If yes, attach policy.
○	○	Do you have cost share? If yes, cost share form and budget required.
○	○	Do you have sub-awards? Documentation required.
○	○	Do you have consultants? Documentation required.
○	○	Does project have intellectual property potential?
○	○	Do you propose faculty release time? If yes, approval by Department Head: _____
○	○	Do you need additional space? If yes, VCAA approval: _____
○	○	Will this project require building alterations? If yes, Director of Facilities approval: _____
○	○	Do you propose curriculum change or academic credit?
○	○	If NSF funded, have you completed an off site work plan?

If **No**, Briefly Explain: _____

Compliance:

○	○	Human Subjects. Institutional Review Board review/approval required. _____
○	○	Bio-hazard. Environmental Health and Safety Director approval is required. _____
○	○	Animal Compliance. Research Office approval required. _____
○	○	Recombinant DNA/Blood-Borne Pathogens. Environmental Health and Safety Director approval is required. _____

Terms and Conditions

In accordance with the Montana Tech Conflict of Interest Policy regarding financial disclosure, by signing below I certify that I am in compliance with federal, state, and University regulations regarding Conflict of Interest. 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 part of the direct costs requested in the proposal. I/We certify all information on this form is correct. I/We understand my/our responsibilities as Principal Investigator and Co-Principal Investigator(s).

Proposal Approvals:	Name	Signature	Date
PI			
Department Head			
Dean			
	Name	Signature	Date
Co-PI			
Department Head			
Dean			
	Name	Signature	Date
Co-PI			
Department Head			
Dean			

Title	**Signature**	**Date**
Director of Sponsored Programs		
Vice Chancellor for Research		
Director of Budget & Finance (*As Needed*)		
Provost, Executive Vice Chancellor (*As Needed*)		

Budget Form
Project Dates: _____

	Year 1	Year 2	Year 3	Year 4	Year 5	Cumulative
Contract Professional						$ 0
Hourly Wages						$ 0
Graduate Salary						$ 0
Benefits						$ 0
Contracted Services						$ 0
General Supplies						$ 0
Communications						$ 0
Travel						$ 0
Rent						$ 0
Utilities						$ 0
Repairs & Maintenance Gen.						$ 0
Equipment (see attached form)						$ 0
Other						$ 0
Total Direct Costs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Total Direct Costs Base - IDC	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
F&A Rate: 0.0%						$ 0
Total Requested	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**

If Needed: To be used for additional Co-PIs

Supplement #1

Name	Department	Employee ID Number

Terms and Conditions

In accordance with the Montana Tech Conflict of Interest Policy regarding financial disclosure, by signing below I certify that I am in compliance with federal, state, and University regulations regarding Conflict of Interest.

I/We certify that staff time of indviduals involved, faculty release time, space, equipment, facilities, hazardous material disposal, alterations, cost sharing funds, etc. required for this project are available or are part of the direct costs requrested in the proposal. I/We certify all information on this form is correct. I/We understand my/our responsibilities as Principal Investigator and Co-Principal Investigator(s).

Proposal Approvals:

	Name	Signature	Date
Co-PI			
Department Head			
Dean			
	Name	Signature	Date
Co-PI			
Department Head			
Dean			
	Name	Signature	Date
Co-PI			
Department Head			
Dean			
	Name	Signature	Date
Co-PI			
Department Head			
Dean			

Cost Share Agreement Form

Principal Investigator : _____ PI Department: _____

Sponsor Name: _____ Proposal Number: _____

Project Title: _____

Department Commitments:					
Employee Name or Non-Personnel Expense Description	% Time	Non-Personnel Expenses	Faculty Staff Time and Fringe ($)	Funding Source or Banner Index	Department Authorized Signature and Date
Sub-Total: Department			0		
College Commitments:					
Employee Name	% Time	Non-Personnel Expenses	Faculty Staff Time and Fringe ($)	Funding Source or Banner Index	College Authorized Signature and Date
Sub-Total: College			0		
Vice Chacncellor for Research Commitments:					
VCR Commitment $		Description/Source			VCR Signature
Other:					
Unrecovered F&A	Contributed F&A	3rd Party In-Kind	Other		

Total Department $	$ 0
Total College $	$ 0
Total VCR $	$ 0
Total Other $	$ 0

Grand Total Cost Share Investments $ $ 0

Budget Form
Project Dates: _____

	Year 1	Year 2	Year 3	Year 4	Year 5	Cumulative
Contract Professional						$ 0
Hourly Wages						$ 0
Graduate Salary						$ 0
Benefits						$ 0
Contracted Services						$ 0
General Supplies						$ 0
Communications						$ 0
Travel						$ 0
Rent						$ 0
Utilities						$ 0
Repairs & Maintenance Gen.						$ 0
Equipment (see attached form)						$ 0
Other						$ 0
Total Direct Costs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
F&A Rate:						$ 0
Total Requested	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

Pre-Proposal Space and Facility Checklist for Equipment valued over $50k

1. Has adequate space been identified and assigned to your department by Design, Construction, and Space Management for the proposed research or new equipment?
   - ◯ Yes
     - Proposed location for Equipment: _____
   - ◯ No

2. Have you contacted the Director of Facilities to discuss the following, if applicable to your proposed research or new equipment?
   - Renovations or modifications of the assigned space
   - Additional or modifications to electrical power or data
   - Ventilation or exhaust air
   - New, additional, or modifications to existing HVAC systems
   - Building utilities (compressed air, gas, water, etc.)

   - ◯ Yes (if Yes, complete questions 3-5)
     - Required renovations: _____ (attached addition pages as needed)
   - ◯ No (if No, stop here)
     - No renovations are needed for the space that is identified.

3. Has an estimate for all physical facility modifications and renovations related to the research or equipment been created by the Director of Facilities?
   - ◯ Yes
     - Estimated cost: _____
   - ◯ No

4. Has funding for physical facility modifications and renovations not funded through the grant provider been identified and approved by the appropriate fiscal officer?
   - ◯ Yes
     - Source of funding (index #): _____
   - ◯ No

5. Has a schedule for any required modifications or renovations been provided by Facilities Services, and does it align with the terms of the grant provider?
   - ◯ Yes
     - Estimated timeline for completion of modifications/renovations: _____
   - ◯ No