



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:
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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:

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:	

rev: 8-2018 * 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: _____

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			
Vice Chancellor for Administration & Finance			
Provost, Executive Vice Chancellor			

Budget Form

Project Dates: _____

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

Supplement #1 To be used for additional co-PIs

Name	Department	Employee ID Number

Terms and Conditions

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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			
	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					
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					
Vice Chancellor for Research Commitments:					
VCR Commitment \$		Description/Source			VCR Signature
Other:					
Unrecovered F&A	Contributed F&A	3rd Party In-Kind		Other	

Total Department \$	<input type="text"/>	Grand Total	<input type="text"/>
Total College \$	<input type="text"/>	Cost Share Investments \$	<input type="text"/>
Total VCR \$	<input type="text"/>		
Total Other \$	<input type="text"/>		

Cost Share Budget Form

Budget Form

Project Dates: _____

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

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