

Georgia Southwestern State University Approval to Submit Proposal for External Funding

Project Title:

Acct #

Project Director:

Phone:

Department:

Co-Project Directors (if any):

Funding Source:

Deadlines: Proposal must be:

postmarked by / /

Received by / /

Project period (inclusive dates): From / / To / /

Brief layperson's description of this project:

Budget	Request From Funding Source	GSW Contributions	Other Sources	Total
Salaries and Wages	\$	\$	\$	\$
Fringe Benefits <i>(refer to last page)</i>	\$	\$	\$	\$
Other Direct Costs	\$	\$	\$	\$
Matching Contributions**	\$	\$	\$	\$
In-Kind Contributions**	\$	\$	\$	\$
Indirect Costs <i>(maximum 46% of salaries & wages only)</i>	\$	\$	\$	\$
Total Project Costs:	\$	\$	\$	\$

Matching/In-Kind Commitment: *The source of matching and in-kind funds must be identified and approved.*

Department

Approved

\$

Source

Georgia Southwestern State University's Commitment

Yes No Does GSW have any expressed or implied responsibility after the sponsor terminates support for this grant or contract? If yes, explain:

Yes No Is this proposal competitive?

Is the funding Federal, State or private? Circle answer.

Yes No In addition to what is provided from the proposal, does the project require additional personnel, space, equipment, replacement instructors, consultants, subcontractors? If yes, explain:

Yes No Is partial or full salary support requested for current GSW employees?

Yes No Does the proposal provide for equipment maintenance computer network time

Yes No Does the proposal involve human subjects, research animals, drugs or controlled substances, radiation research, potential biohazard, significant computer use, potential conflict of interest.

If yes, explain

I agree to abide by current University policies on conflicts of interest, misconduct in science, the use of human subjects and vertebrate animals in research and other GSW research policies as appropriate. I certify that the required actions regarding compliance have been taken, and that my associates on this project will be informed of the requirements of these policies.

Project Director _____ Date _____

Approval (must be obtained before the proposal is mailed):

Department Head _____ Date _____

School Dean _____ Date _____

V.P. of Academic Affairs _____ Date _____

V.P. Business & Finance _____ Date _____

Signatures on this completed form indicate the proposal is in accord with the capabilities and policies of department/dean/university and complies with the Board of Regents and sponsoring agency regulations. With this approval is the permission to pursue outside funding for this project. The University reserves the right to review awards before final acceptance of funding.

For proposal and policy tracking purposes, send:

a copy of the routing sheet, proposal and budget sheet to the: Vice President for Academic Affairs, Vice President for Business and Finance, and the Comptroller.

FY PROJECT/GRANT BUDGET

PROJECT/GRANT NAME:
PROJECT/GRANT NUMBER:

Account Description	Budgeted Amount
<i>Personal Services</i>	
Faculty	
Part Time Faculty	
Summer Faculty	
Graduate Assistants	
Professional & Administrative Staff (monthly)	
Part Time Administrator	
Staff (biweekly)	
Overtime	
Part Time Clerical Staff	
Student Assistant	
FICA	
FICA MED	
Retirement	
Health Insurance	
Basic Life	
<i>Non-Personal Services</i>	
Travel	
Supplies & Materials-Office	
Supplies & Materials-Postage	
Supplies & Materials-Other	
Repairs & Maintenance	
Rentals-Non RealEstate	
College Work Study	
Dues & Membership	
Software	
Printing & Publications	
Equipment Non Inventory	
Per Diem-Consultant	
Per Diem-Other	
Per Diem-Reimbursable Expense	
Telecommunications-Local	
Telecommunications-Toll	
<i>Total Budget</i>	\$

Calculation of Fringe Benefits

For a new full time position use 1.45% fica med, 6.2% fica, 10.03% retirement, \$180 basic life, and \$11,751 for maximum health

For faculty additonal pay use 1.45% fica med and 6.2% fica

For Part Time Faculty use 1.45% fica med

For Summer Faculty use 1.45% fica med and 6.2% fica, and 10.03% retirement

For Graduate Assistants no fringe benefits are calculated

For Professional/Admin use 1.45% fica med and 6.2% fica

For Part Time Administrator (monthly employee) use 1.45% fica med

For overtime use 1.45% fica med and 6.2% fica

For Part Time Clerical Staff use 1.45% fica med

For Student Assistants no fringe benefits are calculated