

**Bemidji State University**  
**Review for External Funding Requests**

(For use with requests for outside funding from government or independent sources.)

**INTERNAL DEADLINE:** To ensure that you will get approval prior to the grant deadline, please submit to your Dean or Director at least 10 days in advance of the grant due date.

**SIGNATURES:** The Proposer obtains the chair's, the dean's/supervisor's, and the grant officer's signatures. **It is the Proposer's responsibility to retrieve and submit the grant to meet grant deadlines.**

**Proposal and Contact Information**

Proposed Title \_\_\_\_\_ Today's Date \_\_\_\_\_

Short Description:

Principal Investigator(s)/Proposer(s) \_\_\_\_\_ Date to Submit Deadline \_\_\_\_\_

Principal Investigator's Telephone Number/Location \_\_\_\_\_

Department Name(s) \_\_\_\_\_ College Name(s) \_\_\_\_\_

Please indicate what type of proposal this is: \_\_\_\_\_ research \_\_\_\_\_ teaching \_\_\_\_\_ service

Project Beginning Date \_\_\_\_\_ and Ending Date \_\_\_\_\_

**External Funding Sources**

Amount of **Direct Funds** being requested from grantor \_\_\_\_\_

Amount of **Indirect Funds** being requested from grantor \_\_\_\_\_

32.5% federal

Other rate List \_\_\_\_\_

**If the indirect costs are provided at a rate below the federal rate, correspondence or other documentation from the granting agency must be attached indicating that the indirect cost rate:**

1. is an agency-wide policy; and
2. That the policy is consistently applied by that organization to all of its outside grants and contracts with educational institutions

**or**  
**That the funding is either a gift or an unrestricted grant, as detailed in the Bemidji State University grant guidelines. A separate sheet should be attached indicating that the funds conform to either the gift or unrestricted grant guidelines.**

Name of Primary Agency \_\_\_\_\_

Mailing Address of Primary Agency \_\_\_\_\_

Please identify all partners to grant \_\_\_\_\_

**University Funding Source**

Are University matching funds required?  YES  NO

If "YES", does **match** require dollars or in-kind? DOLLARS (Amt. \_\_\_\_\_) IN-KIND (Amt. \_\_\_\_\_)

If "YES", please indicate the **source** of funds? \_\_\_\_\_ approved college budget \_\_\_\_\_ department budget  
\_\_\_\_\_ summer school profits \_\_\_\_\_ other grant funds \_\_\_\_\_ other (specify)

If this proposal is funded (Answer **all** questions):

Will any additional University **space** be required? (Where? Identify.) \_\_\_\_\_  YES  NO

Will **facilities modifications** for laboratories, computer technology, etc. be required?  YES  NO

Will **re-assigned time** for faculty or staff be required? (What %? \_\_\_\_\_)  YES  NO

If yes, please indicate if cost is covered by external funding source \_\_\_\_\_

Will **human subjects** be involved? (Date of Review \_\_\_\_\_ Outcome \_\_\_\_\_)  YES  NO

Will **animal subjects** be involved? (Date of Review \_\_\_\_\_ Outcome \_\_\_\_\_)  YES  NO

Will **hazardous materials** be involved? (Date of Review \_\_\_\_\_ Outcome \_\_\_\_\_)  YES  NO

If "YES" to any of these items, please elaborate (use additional sheet if necessary):

***"The information on this form is complete, accurate and fairly represents the intent and scope of this proposal."***

Signature of Principal Investigator/Proposer \_\_\_\_\_ Date \_\_\_\_\_

Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's/Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Grants Accounting Officer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Vice President for Finance and Administration \*\* \_\_\_\_\_ Date \_\_\_\_\_

Signature of Provost & Vice President for Academic Affairs\*\* **or**

Signature of Vice President for Student Development and Enrollment \_\_\_\_\_ Date \_\_\_\_\_

Signature of the President \*\* \_\_\_\_\_ Date \_\_\_\_\_

(If the President is not available to sign this form prior to the grant deadline, the appropriate Vice President will sign, and a copy of this form and the grant will be forwarded to the President for his information.)

**Financial Conflict of Interest**  
Statement of Disclosure

Investigator: \_\_\_\_\_

Project Title: \_\_\_\_\_

Funding Agency: \_\_\_\_\_

Check the appropriate responses:

**NOTE:** Any necessary attachments may be submitted in a sealed envelope until funding decisions are made.

YES  NO 1. Are you or your spouse or dependents (dependent children or other relatives living at the same address as the investigator or co-investigators) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization from which goods and services will be obtained under the sponsored project? If yes, please attach an explanation on a separate sheet.

YES  NO 2. Are you or your spouse or dependents derived income within the past year, or do you or any member of your immediate family, anticipate deriving income exceeding \$10,000 per year from the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project? If yes, please attach an explanation on a separate sheet.

YES  NO 3. Have you or your spouse or dependents derived income within the past year, or do you or any member of your immediate family, anticipate deriving income exceeding \$10,000 per year from the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project? If yes, please attach an explanation on a separate sheet.

YES  NO 4. Do you have significant financial conflicts of interest with the organization to which you are applying that you would like to make known to the conflict of interest reviewers? If yes, please attach an explanation on a separate sheet.

**Certification**

I have read and understand the Bemidji State University Conflict of Interest Policy pertaining to grant proposals and sponsored research projects; have made all financial disclosures required by the policy; will comply with any conditions or restrictions imposed by the institution to manage, reduce or eliminate actual or potential conflicts of interest should I decide to proceed with the project; and will make the Bemidji State University Business Services office aware in writing of any new financial conflicts of interest that arise during the period of the award, should such an award be received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(The fully-signed form is returned to Monte Hegg and kept on file in the Grants Accounting Office. Blank forms can be found online on the Business Services web site at <http://www.bemidjistate.edu/offices/business/grantaccounting.cfm>. Please print this form on green paper.)*