

SECTION 4 - PROJECT DIRECTOR CERTIFICATION

My signature as Project Director below confirms my review of the application. I have read and understand the Stephen F. Austin State University Conflict of Interest in Sponsored Activities (A-11.5) policy; have made all financial disclosures required; and will comply with any conditions or restrictions imposed to manage, reduce, or eliminate actual or potential conflicts of interest. For federal applications, in accordance with federal requirements, it also certifies that 1) I am not delinquent in any federal debt; 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from current transactions by any federal department or agency; 3) I am familiar with and will comply with the Procurement Integrity Act; 4) no federally appropriated funds have been or will be paid to influence or attempt to influence the granting of this award; and 5) I am not delinquent in submitting final project reports to sponsors for previous awards I have received.

I will assume full responsibility for ensuring project compliance with sponsor requirements and stipulations.

This project is primarily for research.

Yes

No

PD Signature _____ Date _____

Co-PD Signature and Date	Co-PD Signature and Date	Co-PD Signature and Date

SECTION 5 - UNIVERSITY COMMITMENTS

DOES THIS PROJECT:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Require additional laboratory and/or office space? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Use special University facilities (i.e. computer labs, library resources, electron microscope, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Disclose patentable or other confidential information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Require the establishment of new academic programs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have a previously assigned University account number? If yes, fill in items below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Acct Number: Acct Name:

SECTION 6 - DETAILS FOR SPONSOR-REQUIRED MATCHING (if applicable)

Description	In-Kind	Cash	Total	Account Name	Account Number
Salaries & Wages/Fringe Ben.	<input type="checkbox"/>	<input type="checkbox"/>			
Equipment	<input type="checkbox"/>	<input type="checkbox"/>			
Operating & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

SECTION 7 - CHAIR AND DEAN CERTIFICATION

My signature as Chair/Dean confirms my review of the application and consideration and approval of the following, as applicable: 1) Faculty and/or staff time commitments; 2) Cost-share or matching commitments; 3) Use of university facilities; 4) Required facility modification or remodeling; and 5) Overall cost of equipment to be purchased, including shipping, set-up, and maintenance.

Chair Signature(s) and Date	Dean Signature(s) and Date	Comments

SECTION 8 - ORSP USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> Budget is appropriate to project and meets agency and university guidelines
<input type="checkbox"/> All necessary forms are present
<input type="checkbox"/> IDC is appropriate | <input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Faculty/staff time and effort is required
<input type="checkbox"/> Time and effort is clearly detailed |
|---|--|

Comments:

ORSP Representative Signature	Date

Associate VP for Research:		Date:
VP for Advancement:		Date:
VP for Academic Affairs:		Date:
President:		Date: