

SWOSU Proposal Review and Compliance Form Directions

1. Return Proposal Review and Compliance form **NO LATER THAN TWO WEEKS** prior to proposal deadline. If your proposal requires matching funds or Institutional Letters, contact the Office of Sponsored Programs (OSP) at as soon as you decide to apply for the funding.
2. Please provide an exact date for the "*Date Proposal Is Due to the Agency*" field to complete the form
3. If your proposal has a SWOSU Cash or In-Kind Matching Funds, specify the source of the match.
4. Please send the PRC form to each of the following personnel in order to get required signatures.

Order of Required Signatures:

1. Principal Investigator
 2. Department Chair
 3. Academic Dean
 4. Director of Sponsored Programs
5. If you do not belong to a College (CAS, CAAP, CPGS, or COP) please mark "Not Applicable" and fill in to what department you belong.
 6. All Principal Investigators applying to U.S. Public Health Service (PHS) related grants and contracts, including those from the National Institutes of Health (NIH), and OK-INBRE must read and sign the Institutional Financial Conflict of Interest policy along with the Proposal Review and Compliance Form located at <https://www.swosu.edu/administration/osp/info/financial-conflict-policy.pdf>.
 7. Please attach signed Institutional Financial Conflict of Interest Policy.

Principal Investigator*

***By signing this form, I certify that I have Read, Understand, and Agree to the terms of this policy.**

Submit to **OSP** no later than **TWO WEEKS** prior to proposal deadline.

**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
OFFICE OF SPONSORED PROGRAMS
PROPOSAL REVIEW AND COMPLIANCE FORM**

SWOSU Proposal #
(For OSP Use Only)

Principal Investigator:	College:	Office Phone
CO Investigator:		
Department:		

Proposal Title:

Agency:	Title / RFP #
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Date Proposal Is Due to the Agency:

Project Start Date:	End Date:	Budget Period:	to
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Project Requirements: Human Subjects Animal Welfare Biosafety

If box is checked, is approval documentation attached from appropriate committee? Yes No

Function of Grant: _____ Type of Award: _____

Classification: New Renewal Adjustment (Optional) Link to Online RFP: _____

Whole-dollar figures ONLY.

BUDGET SUMMARY

	SPONSOR:		SWOSU CASH:		IN-KIND:	
	PROPOSED	FINAL AWARD	PROPOSED	FINAL AWARD	PROPOSED	FINAL AWARD
Salary:						
Student Wages:						
Fringe Benefits (Rate Schedule)*:						
Indirect Cost (45% On-Campus)**:						
Professional Services:						
Supplies/Operating Expenses:						
Equipment (>\$500):						
Scholarships:						
Travel:						
Participant Travel:						
Other Costs:						
TOTAL COST:						

*Contact the Sponsored Programs Office for the current Fringe Benefit Rate Schedule and Indirect Costs

**Indirect Costs: On-Campus Rate is calculated at 45% of Personal Services + Fringe Benefits; Off-Campus Rate is calculated at 17% of

Source of Match:

Does this proposal request **release time** from normal academic load?
If yes, provide "**Request for Release Time**" form with appropriate school authorizations.

Does this proposal require any **new space or renovation** of existing facility space?
If yes, provide documentation of school authorization.

Does this proposal require **services of specific departments**?
If yes, provide signature of the department head who has been advised of the service needed below.

Does this proposal **commit SWOSU to continue the project** after the agency funding has ceased?
If yes, estimate the duration: _____ to _____ and department budget: _____

Department Head: _____ Budget Manager: _____

UNIVERSITY ENDORSEMENTS: This proposal review and compliance form and attached abstract has been examined by the officials whose signatures appear below. The principal academic review of the program is the responsibility of the Department and the School.

REQUIRED SIGNATURES:

Principal Investigator	Date	Director, Sponsored Programs	Date
Department Chair	Date	Chair, Human Subjects (if applicable)	Date
Academic Dean	Date	Chair, Animal Welfare (if applicable)	Date

The program proposed is in keeping with Southwestern Oklahoma State University's mission and associated educational objective and is within the established role and scope of this institution. It is in full compliance with the Board of Regents' Rules and Regulations.

University Official _____ Date _____

REQUIRED ATTACHMENTS: AN ABSTRACT DESCRIBING THE PROGRAM IN LAY TERMS, AND A COPY OF THE REQUEST FOR PROPOSAL. (Revised 9/13/2019)