OFFICE OF SPONSORED PROGRAMS & RESEARCH

Authorization to Apply & Submit

1. GENERAL INFORMATION

Project Title:			
Principal Investigator/Project Director:		**Co-PI 1:**	
		Department:	
Department:		**Co-PI 2:**	
		Department:	
Campus Address:		**Co-PI 3:**	
		Department:	
E-mail Address:		**Project Type:** ☐ Instruction ☐ Research ☐ Public Service ☐ Student Services	
Sponsor/Funding Agency:		**Award Type:** ◯ Grant ◯ Contract ◯ Subcontract ◯ MOA/MOU	**Sponsor Type:** ◯ Federal ◯ State ◯ Local Government ◯ Private ◯ Appropriation
Sponsor/Funding Agency Deadline:			
Project Start Date:	**Project End Date:**		

2. PROJECT DESCRIPTION/PLAN

3. BUDGET

PROJECT BUDGET SUMMARY						
Indirect Cost Information Applicable Federal Rate Requested Rate Sponsor Restricted Rate (attach guidelines)		**Period**	**Direct $**	**Indirect $**	**Total $**	**Match $****
		Year 1				
		Year 2				
		Year 3				
		Year 4				
		Year 5				
University Match**		**Total**				
Cash ☐	Mandatory ☐	Please list source of matching funds (if applicable):				
In-Kind ☐	Voluntary ☐					

**** A Budget template is available upon request***

updated: 10/2026

4. ANTICIPATED PROJECT PERSONNEL

Position Needed	FTE	Hourly	Existing	Funded/In-kind	Institutional

5. FACILITY REQUIREMENTS

How will project facilities requirements, if any, be met? **(please explain)**

6. IMPLICATIONS FOR THE COLLEGE

- Does this project relate to the goals and objectives of the college? ☐ Yes ☐ No
- Will this project impact other departments/units? ☐ Yes ☐ No
  If yes, explain how you plan to include that department/unit in the planning process.

- Will Students be employed by the project? ☐ Yes ☐ No
- Will scholarship or stipend support be provided under the proposed application? ☐ Yes ☐ No
- Is Academic Senate approval required? ☐ Yes ☐ No
- Are human/Animal subjects involved in this proposed project? ☐ Yes ☐ No

7. COMPLETION OF PROJECT/FUNDING

When funding ends, what will happen to this project? **(please explain) Required**

8. CONFLICT OF INTEREST CERTIFICATION

If "yes" to either or both questions, please explain on an attached sheet.	PI	Co-PI 1	Co-PI 2	Co-PI 3
Will/do you or any member of your household or grant staff benefit in cash exceeding $5,000 a year from, or own more than 5% of the voting stock or controlling interest in the above sponsor?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Are you or any member of your household or grant staff affiliated with the above sponsor or with an external agency in any way that will hinder your abilities to fulfill obligations to Tougaloo, its students or your colleagues?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

9. APPROVALS: (Signatures must be obtained in the order below)

Project Director _____ **Date** _____

Division Dean _____ **Date** _____

Provost/VP for Academic & Student Affairs/President _____ **Date** _____

OSPR Official _____ **Date** _____

APPROVAL SIGNATURES FOR ALL AUTHORIZATIONS TO APPLY REQUIRING MATCHING FUNDS:

VP of Finance _____ **Date** _____

President _____ **Date** _____

TOUGALOO 1869 COLLEGE
Where History Meets the Future