



Martin University Sponsored Programs Initial Internal Approval Form	Request Number (assigned by OIE):
Date proposal is to be in the hands of the sponsor:	
Briefly describe how the sponsored program supports Martin University's mission:	
Investigator Information	
1. Principal Investigator's Name: 2. Percentage of time devoted to project: 3. Is the Principal Investigator's time devoted to the program funded by the sponsor: 4. Briefly describe how the project will affect Principal Investigator's ability to execute other University duties:	
Please identify all other current Martin University personnel to be involved with the sponsored program. For each identified personnel, include: 1) the percentage of time devoted to the sponsored program, 2) whether the person's time working on the project will be funded by the sponsor, and 3) how work on the project will affect the person's ability to execute other University duties.	
Proposal Information	
5. Type of Project (check one): <input type="checkbox"/> Research <input type="checkbox"/> Instruction <input type="checkbox"/> Continuing Education <input type="checkbox"/> Equipment <input type="checkbox"/> Public Service/Outreach <input type="checkbox"/> Construction/Infrastructure <input type="checkbox"/> Other specify: _____)	
6. Project Title:	
7. Type of Submission (check one): <input type="checkbox"/> New Proposal <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal <input type="checkbox"/> Revision <input type="checkbox"/> Other (specify: _____)	
8. Award Information/Anticipated Terms: <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Other (specify: _____)	
Sponsoring Agency Information	
9. Sponsor Name	10. Sponsor's Address:
11. Type of Agency: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> City/County <input type="checkbox"/> Industry <input type="checkbox"/> Foundation <input type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Other (specify: _____)	
Budget Information	
12. Initial Funding Period From: To:	13. Total Funding Period From: To:
14. Initial Period: Requested Direct: \$ Requested Indirect: \$ Total Requested: \$	15. Total Period: Requested Direct \$ Requested Indirect: \$ Total Requested: \$
16. University Matching/Cost Sharing - Initial Funding Period: \$ Total Funding Period: \$	
17. University In-Kind Amount - Initial Funding Period: \$ Total Funding Period: \$	
Please provide any additional comments you believe necessary in the evaluation of this request:	

**Martin University Sponsored Programs
Initial Internal Approval Form**

Approvals

Approvals given on the Internal Approval Form represent general approval of technical merit, allocation of Institutional space/resources, and fiscal budgeting, but do not represent specific approval of personnel titles, classifications, salary rates, or other issues governed by institution policy.

Principal Investigator (typed name):	Division Vice President Authorization: (typed name):
Signature _____ Date _____	Signature _____ Date _____
Vice President for Institutional Effectiveness and Research (typed name):	University Authorization (typed name):
Signature _____ Date _____	Signature _____ Date _____

Request was (check one): Approved
 Not Approved

Please provide reasons why a request was not approved: