NM STATE UNIVERSITY

College of Health, Education, & Social Transformation

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Grant Proposal Pre-authorization Form

HEST internal

hest-roc@nmsu.edu Prepared by: Date Instructions: Fill out Sections 1-3, including your department's signature, and then submit this form to Assoc Dean of Research **Section 1: Project Proposal Information Preliminary Title: Agency Deadline: Period of Performance:** Routing: **Proposal Type:** Request for **Funding Agency: Proposal Link:** Additional space needed: **Project Classification: Project Abstract:** A short description of your project. Use clear language and steer clear of technical terms. Section 2: Project Team *Credit split across all NMSU PIs must total 100%. Each HEST PI must indicate if they have a Conflict of Interest (COI) to disclose before signing below. PI Name: Co- PI Name: Department & Org: Department & Org: PI Training: Credit Split %*: Credit Split %*: PI Training: Signature & Date: Signature & Date: Co-PI Name: Co-PI Name: Department & Org: Department & Org: Credit Split %*: PI Training: Credit Split %*: PI Training: Signature & Date: Signature & Date: **Section 3: Budget and Cost Details** Estimated Request Total: Cost Share/Amount: Indirect Cost (IDC) Rate %: Section 4: Acknowledgments **Print Name** Signature Date PI Department Head Co-PI Department Head **HEST Assoc Dean of Research HEST Research Ops Ctr** HEST DEAN (only if special

circumstances apply)

^{**}If a waiver account is requested, please include the Waiver Account Request Form**