

MISSISSIPPI AGRICULTURAL AND FORESTRY EXPERIMENT STATION
FOREST AND WILDLIFE RESEARCH CENTER
MISSISSIPPI STATE UNIVERSITY

INTERNAL REVIEW AND APPROVAL OF REEport PROJECT PROPOSALS

Type of Project:

Hatch

McIntire-Stennis

Multi-State Hatch

Animal Health

Special Grant

Competitive Grant

State

Are Child Activity Codes Required:

YES

NO

For Director's Office Use:

REEport No.: MIS-_____

MISV-_____

MISZ-_____

Accession No.: _____

Date Received: _____

Starting Date: _____

Duration (Max. 48 Mo.): _____

Replacement for: MIS-_____

MISV-_____

MISZ-_____

Project Leader: _____ MSU ID#: _____ Org: _____

Co-PI: _____ MSU ID#: _____ Org: _____

CO-PI: _____ MSU ID#: _____ Org: _____

CO-PI: _____ MSU ID#: _____ Org: _____

Department(s): _____

Project Title:

Proposed Starting/Termination Date(s): From ____/____/____ to ____/____/____

Subject Matter Reviewer

Date Received

Date Returned

1. What percentage of this project has a Forestry Component and/or an Animal Health component?

Forestry _____ Animal Health _____

2. Will the proposed research require the use of MAFES or MSU facilities other than those currently allocated to the department(s) (e.g., PSRF, LARC, Branch Station, MSU forest(s), etc.?) (If yes, attach an explanation and obtain written acknowledgement of Department Head or Manager.)

3. If the proposed research is to be conducted at off-campus locations, will currently available vehicular equipment satisfy your needs? (If no, special vehicular requirements must be included in the proposed budget.)

4. Will the proposed research require purchases of major equipment items other than vehicular equipment? (If yes, submit a list of equipment items with cost estimates, justification statements, and identity of source(s) of funds.)

5. Will the proposed research require renovation or alteration of physical plant, electrical wiring, plumbing, etc? (If yes, attach an explanation with identity of source(s) of funds.)

6. Will the proposed project involve the use of hazardous substances?...generate hazardous wastes?...involve biological hazards?...require any safety considerations? (If yes, attach explanation.)

7. Will the proposed project involve the use of radiosopes? (If yes, forward an information copy of the proposal to the Radiological Safety Officer.)

8. Will the project involve proprietary research?...do all investigators understand and agree?...have questions of patent rights, copy rights, etc., been resolved to everyone's satisfaction?

9. Will the proposed project deal with recombinant DNA? (If yes, confer with the Chairman, Institutional Biosafety Committee, regarding reporting requirements.)
IBC# _____ Approval Date _____

10. Will the proposed project involve research on animals? (If yes, confer with the Chairman, Institutional Animal Care and Use Committee, regarding the need for special protocol statements and approvals; see also Form CSRS-662.)

11. Will the proposed project involve research on human subjects? (If yes, the Chairman, Institutional Review Board must review/approve the proposal.)

12. Has the Project Leader completed the training for Financial Conflict of Interest?
Approval Date _____ Expiration Date _____

13. Has the Project Leader completed the training for Responsible Conduct of Research?
Approval Date _____

Signatures of the Project Leader, Other Project Participants, and Department Head(s) on MAFES/FWRC Form (“Internal Review of Project Proposals”) serve to acknowledge and affirm: (1) the terms and conditions related to patents, inventions, and copyrights (intellectual properties) as stated in MSU’s policies regarding same; (2) the contractual obligation of the project leader and other project participants to produce scholarly and/or other creative works from this research project; and, (3) the Experiment Station’s annual report of project expenditures to USDA/CSRS (AD-419) as the primary source of fiscal data in all matters related to intellectual properties.

	Proposal Review and Approval	Date
Project Leader	_____	_____
Other Investigator(s)	_____	_____
	_____	_____
Department Head	_____	_____
Cooperating Department Head(s)	_____	_____
Other Unit Administrator	_____	_____
Director – MAFES/FWRC	_____	_____

REQUIRED DOCUMENTS SHOULD BE EMAILED ALONG WITH THE BELOW ATTACHMENTS:

- A.** Standard project proposal in required format; or for grant supported projects, submit an official copy of the grant proposal as approved for funding.
- B.** Grant supported projects must include the budget sheet or a copy of the approved budget documents.
- C.** Completed Project Initiation REEport Form from the REEport website.
- D.** One copy of each Subject Matter Reviewer Form.
- E.** All other required forms and acknowledgements per items 1-10 above.