

## Office of Sponsored Projects Internal Approval Sheet Version: 1.0.11

OSP Proposal Number (OSP use only):

| Investigator Information                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                              |                                                             |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------|-------------------------------------------------------------|--|--|--|--|--|--|
| Principal Investigator                                                                                                                                                                                                                                                                                                                                                                                                                                             | Michael E. Colvin                   | Fiscal Unit ORG#             | 080300                                                      |  |  |  |  |  |  |
| MSU ID                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 903891468                           | Administrative Contact       | Annice Hill                                                 |  |  |  |  |  |  |
| Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (662) 325-3592                      | Admin Contact Phone #        | (662) 325-8875                                              |  |  |  |  |  |  |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mec685@msstate.edu                  | Admin Contact Email          | annice.hill@msstate.edu                                     |  |  |  |  |  |  |
| PI Home Department                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Wildlife, Fisheries and Aquaculture |                              |                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                              |                                                             |  |  |  |  |  |  |
| Select from drop-down list for                                                                                                                                                                                                                                                                                                                                                                                                                                     | each type: Proposal Info            | ormation                     |                                                             |  |  |  |  |  |  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Type: Existing Grant #:             | Sponsor Type: Project        | Type: Rate %: F&A Base:                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | New Proposal                        |                              | :On-Campus 17.5 MTDC                                        |  |  |  |  |  |  |
| Type of Research Activity                                                                                                                                                                                                                                                                                                                                                                                                                                          | y: Research Discipline:             | Fo:                          | r Examples of Disciplines, please visit:                    |  |  |  |  |  |  |
| Applied                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other Sciences                      |                              | o://osp.msstate.edu/forms/pdfs/Examples%20of%20Disciplines. |  |  |  |  |  |  |
| Project Title: Multi-objective Conservation Planning: Prototyping a strategic decision framework for aquatic species conservation                                                                                                                                                                                                                                                                                                                                  |                                     |                              |                                                             |  |  |  |  |  |  |
| Start Date: 01-01-2018 End Date: 07-31-2019 Performance Period: 18 months                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                              |                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                              |                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                   | nformation                   |                                                             |  |  |  |  |  |  |
| Sponsor Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                      | US Fish and Wildlife Service        | Sponsor Code: (SPA use only) |                                                             |  |  |  |  |  |  |
| Prime Sponsor Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                | Gulf Plains and Ozarks LCC          | Prime Sponsor Code:          |                                                             |  |  |  |  |  |  |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                              |                                                             |  |  |  |  |  |  |
| Physical Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | University of Missouri              |                              |                                                             |  |  |  |  |  |  |
| Technical Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                            | David Jones-Farrand                 | Email: david_jones-farr      | rand@fws.gov Phone: (573) 355-0753                          |  |  |  |  |  |  |
| Administrative Contact Na                                                                                                                                                                                                                                                                                                                                                                                                                                          | me:                                 | Email:                       | Phone:                                                      |  |  |  |  |  |  |
| Due Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Receipt Po                          | ostmark Electronic           | Hard Copy # of Copies:                                      |  |  |  |  |  |  |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                              |                                                             |  |  |  |  |  |  |
| The proposal submitted involves the following: Special Review Checklist  Yes No  Radioactive materials used/produced or radiation-producing device used  Hazardous materials generated or shipped off-campus Foreign nationals employed or have access to project  Items or technology shipped outside of country  Material Transfer Agreement  Non-disclosure/ Confidentiality Agreement  Involves contact with anyone under age 18 (other than college students) |                                     |                              |                                                             |  |  |  |  |  |  |

| Yes No                                                     | Yes No Pending                                                                                                   |                  |                 |             |                   |                                     | Νι   | ımber      | Exp       | ires              |        |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------|-----------------|-------------|-------------------|-------------------------------------|------|------------|-----------|-------------------|--------|
| ☐ ⊠ Human S                                                | uman Subjects [                                                                                                  |                  |                 | Yes No IRB# |                   |                                     |      |            |           |                   |        |
| ☐ ⊠ Vertebrat                                              | ☐ Vertebrate Animal Use ☐ Yes ☐ No I                                                                             |                  |                 | ACUC#       |                   |                                     |      |            |           |                   |        |
| ☐ ☐ Biohazardous materials generated or used ☐ Yes ☐ No IB |                                                                                                                  |                  |                 | IBC#        |                   |                                     |      |            |           |                   |        |
|                                                            |                                                                                                                  |                  |                 | ORED ap     | oproval #         |                                     |      | 7 _        |           |                   |        |
|                                                            |                                                                                                                  |                  |                 |             |                   |                                     |      |            |           |                   |        |
| ADD RE                                                     | MOVE                                                                                                             |                  | Personnel       | l<br>       |                   |                                     |      |            |           |                   |        |
| Personnel (Include PI) Fund Type & Create Child Account    |                                                                                                                  |                  | NET ID MSU ID   |             | Home Dept./Center |                                     |      |            | ORG #     | CRED<br>(Must Tot |        |
| Michael E. Colvi                                           | n 33                                                                                                             | es⊠No mec68      | 85 903891       | 1468        | Wildlife          | /ildlife, Fisheries and Aquaculture |      |            | 080300    | 0 10              | 00     |
|                                                            |                                                                                                                  |                  |                 |             |                   |                                     |      |            |           |                   |        |
|                                                            | T                                                                                                                |                  | dget Informati  |             | - 1               |                                     |      |            |           |                   | -      |
| Requested Funds Total Direct Costs                         | Year 1 \$72,476.00                                                                                               | Year 2           |                 | Year 3      | 3                 | Year                                | 4    | Year       |           | Total             |        |
| Total F&A Costs                                            | \$12,683.00                                                                                                      |                  |                 |             |                   |                                     |      |            |           | \$12,683.00       |        |
| Total Requested                                            | \$85,159.00                                                                                                      | \$0.00           | .00 \$0.00      |             |                   | \$0.00                              |      |            | \$0.00 \$ |                   |        |
| 1 1 1 65 1/1110                                            | ill items typically<br>laries, etc.) be inc                                                                      | _                |                 |             |                   |                                     | -    |            |           |                   |        |
| YES NO                                                     | Cost Share Information  YES NO Is cost share involved? Is F&A reduced? If yes, please complete the section below |                  |                 |             |                   |                                     |      |            |           |                   |        |
| Cost share is (select f                                    | rom drop down):                                                                                                  | Voluntary        |                 |             |                   |                                     |      |            |           |                   |        |
| Add Remove                                                 | L                                                                                                                |                  |                 |             |                   |                                     |      |            |           |                   |        |
| Employee Name                                              | MSU ID                                                                                                           | Org Code         | Effort          | t           |                   | Year                                | Sour | rce of Fur | nds       | Amoun             | ıt     |
| Michael E. Colvin 903                                      | 3891468 086                                                                                                      | 0300             | 2%              |             | 2018              |                                     | Depa | artmental  |           | \$1,              | 494.00 |
| A. Total Salary and W                                      | /ages                                                                                                            |                  |                 |             |                   |                                     |      |            |           | \$1,              | 494.00 |
| Fringe Benefits                                            |                                                                                                                  |                  |                 |             |                   |                                     |      |            |           | \$                | 533.00 |
| B. Non Personnel Cost                                      | Share                                                                                                            |                  |                 |             |                   |                                     |      |            |           |                   |        |
| Materials and Suppli                                       | es                                                                                                               | Org Co           | ode:            |             |                   |                                     |      |            |           |                   |        |
| Equipment                                                  |                                                                                                                  | Org Co           | ode:            |             |                   |                                     |      |            |           |                   |        |
| Other: Org Code:                                           |                                                                                                                  |                  |                 |             |                   |                                     |      |            |           |                   |        |
| C. Third Party Contribu                                    | rtion (Please attach le                                                                                          | etter of commitm | nent with \$ va | ılue)       |                   |                                     |      |            |           |                   |        |
| D. Waived F&A Office of Research                           |                                                                                                                  |                  |                 |             |                   |                                     |      | ] %        |           |                   |        |
| E. Waived F&A DAFVM                                        |                                                                                                                  |                  |                 |             |                   |                                     |      | ] %        |           |                   |        |
| F. F&A on cost share                                       |                                                                                                                  |                  |                 |             |                   |                                     |      | %          |           |                   |        |
| G. F&A not allowed by sponsor                              |                                                                                                                  |                  |                 |             |                   |                                     | 28   | %          | \$20,     | 797.00            |        |

| Total Cost S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Share                                                                                                                                                                                                                                       |                                              |         |                                                                                 |            |                          |                                                                                                                                                                                                                                     | \$22,8                    | 24.00 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------|---------------------------------------------------------------------------------|------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------|--|
| ☐ I would l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ike to add special                                                                                                                                                                                                                          | notes regarding the C                        | Cost Sh | are information.                                                                |            |                          |                                                                                                                                                                                                                                     |                           |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |                                              |         |                                                                                 |            |                          |                                                                                                                                                                                                                                     |                           |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sign this document digita<br>re version 9.x or later or download                                                                                                                                                                            | lly.<br>the latest version of Adobe Reader.) |         | Reviews and App                                                                 | rovals     |                          |                                                                                                                                                                                                                                     |                           |       |  |
| I certify that the information on this form is accurate and complete as of this date. I agree to accept responsibility for scientific and technical conduct of this project and for provisions of required technical reports if a grant or contract is awarded as a result of this application. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and of Mississippi State University as applicable. I certify that I have read and understand the University's conflict of interest policy. To the best |                                                                                                                                                                                                                                             |                                              |         | oilities: Approval of Techn<br>, Equipment, and Space; re<br>nit Signature/Date |            |                          | Responsibilities: Approval of Personnel Assignments, Technical and Budgetary Content, Equipment and Space; and Special Considerations listed below. Check all that apply:  Foreign Sponsor Cost Sharing Conflict of Interest Clause |                           |       |  |
| Mich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ael E. Colvin                                                                                                                                                                                                                               | Dept. Head Signature                         | e       | Initial                                                                         |            | Dean/Dire                | ctor Signature                                                                                                                                                                                                                      | Initial                   |       |  |
| Overhead                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Special Instructions  When awarded please set up account 33XXXXX-080300-027000-081620. Overhead should be split 50/50 279134-080300-027000-900100/279134-088800-027000-900100. 2nd year of funding from sponsor for this Post Doc position. |                                              |         |                                                                                 |            |                          |                                                                                                                                                                                                                                     |                           |       |  |
| OSP USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                             |                                              |         |                                                                                 |            |                          |                                                                                                                                                                                                                                     |                           |       |  |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Budget Reviewed/Date                                                                                                                                                                                                                        |                                              |         |                                                                                 |            | OI Training<br>Confirmed | Γ                                                                                                                                                                                                                                   | Disclosure Date Confirmed |       |  |
| Banner Entry/Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                             |                                              |         | Dat                                                                             | e Received | Γ                        | Date Submitted                                                                                                                                                                                                                      |                           |       |  |