UM ORSP Proposal Narrative Review Request Form

PI Name:	UM or UMMC:	
PI E-mail:	PI Department:	
PI Signature:	Date of Request:	
Sponsor:	Sponsor Deadline:	
Discipline:	Total Est. Budget:	
Keywords:		
Funding Op & URL:		

Requested Services (check all that apply)	Advanced Notice ¹	Turnaround Time ²	Cost
ORSP Enhanced Review (non-technical)	1 to 2 weeks	1 week	\$ 0
TIG Disciplinary Expert Review	1 to 2 weeks	1 week	\$ 750
ORSP Enhanced Review	1 to 2 weeks	1 to weeks	\$ 750
plus TIG Disciplinary Expert Review			
TIG Internal Review Only	1 to 2 months	1 week per	\$ 4,000
(non-technical)		iteration	
TIG Internal Review w/Revisions	1 to 2 months	1 week per	\$ 5,000
(non-technical)		iteration	
TIG Internal Review Only	1 to 2 months	1 week per	\$ 4,750
plus Disciplinary Expert Review		iteration	
TIG Internal Review w/Revisions	1 to 2 months	1 week per	\$ 5,750
plus Disciplinary Expert Review		iteration	
TOTAL COST			

Requested ORSP Enhanced Review Services (check all that apply)

Project Summary/Abstract	Grammar/Punctuation Edits	
Project Description/	American English Stylistic Edits (for	
Research Plan	non-native English speakers)	
Education Plan	Readability/Clarity/Effect	
Broader Impacts	Responsiveness to Program Guidelines	
Reference to UM Resources	Use of Active Voice	
or Infrastructure		
Other – Please Specify:		

Comments: _____

¹ Advanced Notice refers to the typical advanced notice requested that a review is needed—the lead time before the proposal draft is actually submitted for review. In some cases, reviews can be scheduled with less notice, but more advanced notice will generally lead to better results.

² Turnaround Time is the expected time it will take to complete and return a review once the draft proposal has been received, assuming that sufficient Advance Notice was given.

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Financial Contributions/Requests for TIG Review Services

If PI is Contributing \$\$

PI \$\$ Contribution:	
PI Account Number:	PI Initials:
Contribution FY:	

If Flagship Constellations Contribution is Requested:

Primarily Associated Constellation (BW, CW, DR Related Constellations (BW, CW, DR): \$\$ Contribution Requested from Constellations Constellation Lead Name:	·
Constellation Lead Signature:	Date:
Additional Constellation Lead Name: Additional Constellation Lead Signature: Additional Constellation Lead Name:	Date:
Additional Constellation Lead Signature:	Date:
If Department or Center Contribution is Reque	sted/Provided:
Department or Center \$\$ Contribution: Departmental Account Number: Which FY should the contribution be taken:	
Chair or Director Name: Chair or Director's Signature:	Data:
chair of Director's Signature.	Date:
If School or College is Contribution is Requeste	ed/Provided:
School or College \$\$ Contribution: School or College Account Number: Which FY should the contribution be taken:	
School or College Name:	
School or College Signature:	Date:
ORSP Information:	
Date Request Received by ORSP: Date Request Approved by ORSP:	ORSP Approver Initials:
ORSP or FC \$\$ Contribution: ORSP Authorized Signature:	

E-mail fully completed form (including signatures and account numbers of any contributors) to Jason Hale (jghale@olemiss.edu) (or delivery to 317 Lyceum) with sufficient Advanced Notice. v1