

**The University of Mississippi - Postdoc Research Award Application
2021 Terms of Agreement**

Last name:	First name:	Middle Initial:
Department:	Employee ID:	
Work phone:	Work address:	
UM Email:	Advisor's name:	
<p>Research Overhead Account to Receive Funds:</p> <p>Account must start with 2502, and cannot be a Startup Account. To request an overhead account be created, the Advisor may e-mail accounting@olemiss.edu.</p> <p>Employees paid 100% from externally sponsored programs are not permitted to work on projects outside of the scope of those grants. List all account numbers from which postdoc's salary is paid:</p>		
Contact Information will be used solely for contacting awardees.		
<p>Research Fund Terms:</p> <ol style="list-style-type: none"> 1. The Awardee will use the funds only for those things outlined in their budget proposal, based on the attached Guidelines and compliant with University rules and regulations. All receipts must be saved in case an inquiry is made in this regard. 2. The Awardee will submit a 1-2 page final report by April 30, 2022, via the InfoReady Review portal, or by email to mspda@olemiss.edu, describing the items purchased with the funds, a summary of what work was accomplished in the awarded research project, publishable results, if any. 3. It is the responsibility to the Awardee to declare the length of its remaining appointments at UM in the application and to submit a report on the funded project before departure from UM. 		
Applicant's Certification		
<p>I understand and accept the terms and conditions set forth by the MSPDA.</p> <p>Date and Applicant signature:</p>		
Advisor's Certification		
<p>I certify that I am the graduate advisor of the applicant, and that I understand and approve this proposal. If the applicant is selected as an Awardee, I will ensure that the awarded funds are made available to the Awardee for the purposes of completing the research project as described, and spent in accordance with university policy. In the event that the Awardee or the department is unable to fulfill these responsibilities, I understand that the award will be withdrawn, and will work with ORSP and the Graduate School to return any and all awarded funds.</p> <p>Date and Advisor signature:</p>		
Departmental Point of Contact (PoC) Certification (If PoC = Advisor, then Advisor should sign/date both sections).		
<p>I will serve as the Departmental Point of Contact for financial administration of any award resulting from this application. I will work with the Graduate School to get the awarded dollars transferred into an account for the use of this project only. I will work with the Awardee, in consultation with the Advisor, to make sure that funds can be accessed to execute the project, in accordance with university spending policies. I also certify that, if the applicant is 100% funded from externally sponsored projects, the proposed project is completely within the scope of those funded awards, as explained here:</p> <p>Date and Departmental Point of Contact signature:</p>		