

**MARIST COLLEGE
OFFICE OF ACADEMIC GRANTS**

Preliminary Proposal Routing Form

Principal Investigator: _____

Focus of Grant Activity: _____
(Research, curriculum, equipment, training, conference, public service)

Funding Source: _____ Proposal Deadline: _____

Descriptive Title of Project: _____

This form must be completed for pre-application planning purposes and to obtain preliminary approval of the proposal concept from the School Dean(s) and Dean of Faculty. Please indicate “yes or no” and provide additional information as indicated whenever the response is “yes.” If more space is need for explanations, please attach additional pages.

1. Yes ___ No ___ MATCHING FUNDS. If matching funds in excess of \$5,000 are required, a budget must be attached to this form and submitted to the CFO. Allow ample time (minimum of three weeks) for approval matching funds because matching requests may need to be pre-approved by the administration. If matching requirements will be met through external funding, letters of commitment must accompany this form.

2. Yes ___ No ___ FACULTY RELEASE TIME. Is release time requested as part of this application? List faculty members to be released and semester involved _____

3. Yes ___ No ___ NEW PERSONNEL. Will this application commit the College to new personnel or staff time? The budget must provide all salary and benefits for increased staffing. Salaries for new personnel need to adhere to Human Resource guidelines.
Name position(s) and base salary or wages to be paid: _____

4. Yes ___ No ___ EQUIPMENT. Is equipment and maintenance required for this project? Where will equipment be housed? Explanation _____

5. Yes ___ No ___ COMPUTER SERVICES. Are hardware, software, and computing time necessary for this project? The compatibility of new hardware and software and the possibility of technical support need to be discussed with the VP for Information Technology before the proposal is submitted. _____

6. Yes ___ No ___ LIBRARY SERVICES. Does the project require extensive access to interlibrary loan to fee-based services, or to specialized audio-visual resources?
Identified need: _____

7. Yes ___ No ___ SPACE. Will the project require any alterations of existing space or new facilities? The feasibility, scheduling, and cost estimates for alterations must be discussed with your Dean or supervisor in consultation with the Director of Physical Plant and approval obtained from the Executive Vice President. An explanation of space must accompany this form in order to obtain preliminary approval.
8. Yes ___ No ___ UTILITIES. Does this project entail any power, heating, venting, or air conditioning requirements? The feasibility of alterations and cost estimates need to be discussed with the Director of Physical Plant before the proposal is submitted.
9. Yes ___ No ___ HUMAN SUBJECTS. Will the project require the use of human subjects? All human subject research must follow the standard regulatory compliance guidelines and must be approved by the Institutional Research Board (IRB) before the proposal is awarded.
10. Yes ___ No ___ LABORATORY ANIMALS. Will the project require the use of laboratory animals?
11. Yes ___ No ___ HAZARDOUS MATERIALS. Will the project require the use of hazardous materials?
12. Yes ___ No ___ INTELLECTUAL PROPERTY. Is it likely that a patentable invention (e.g. marketable product) or copywritten material (e.g. software) of commercial value will result from this project? An agreement will need to be signed by the project director and a College representative upon execution of the award.
13. Yes ___ No ___ Does this project require a COLLABORATIVE OR SUBCONTRACT AGREEMENT with another institution? Attach a letter of commitment from each institution signed by the authorized organizational official and total budget amount for each institution.
14. Yes ___ No ___ OTHER: Explain if your project has any special needs or commitments from the College (e.g. consultant, housing, classroom or office space, etc.) _____
15. Yes ___ No ___ (Applies to National Science Foundation (NSF) and Public Health Service (PHS) Applications *only*). I have completed a *Significant Financial Interest Certification Form*.

Approvals and Signatures for Preliminary Concept

The School Dean and Dean of Faculty's signature confirms approval of the proposal concept.

Principal Investigator _____	Co-Principal Investigator _____	Co-Principal Investigator _____	Co-Principal Investigator _____	Co-Principal Investigator _____
School Dean _____	School Dean _____	School Dean _____	School Dean _____	School Dean _____
Dean of Faculty _____			Date _____	

Approval of Matching Funds Only

Chief Financial Officer _____	Date _____
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Comments:

