

Office of Academic Grants
Preliminary Routing (Electronic Only)

Principal Investigator: _____

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

Funding Source: Proposal: _____

Deadline: _____

Descriptive Title of Project: _____

The PI should answer "yes" or "no" to all questions below and sign the form. Once the PI signs it will be sent automatically to any Co-PIs, school dean(s), and the Vice President for Academic Affairs. If matching funds are requested, it will also be sent to the Business Office for approval. Instructions for filling out this form are included in this electronic routing package. If you need any assistance filling out the form, please email Melissa.Messina@marist.edu.

1. Yes ___ No ___ **MATCHING FUNDS.** Are matching funds required? If so, the budget attached to this form must display all matching funds and their source. Matching funds requested from the College must be submitted and approved by the CFO. Allow at least a month for approval of matching funds.

2. Yes ___ No ___ **FACULTY RELEASE TIME.** Is release time requested as part of this application? Faculty participants for release time should be listed with dates for semesters involved in the attached summary proposal.

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 should be listed in the attached summary proposal.

4. Yes ___ No ___ **EQUIPMENT.** Is equipment and maintenance required for this project? Where will equipment be housed? Explanation should be provided in the attached summary proposal and three quotes from vendors must be included in the final routing.

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? Identify need with Academic Grants Office before final proposal.

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 be provided in the summary proposal of work appended including in this routing.

8. Yes ___ No ___ **UTILITIES.** Does this project require 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 routed for final approvals.

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 submitted.
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? If yes, cost associated with disposables must be included in budget.
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? Letters of commitment from each institution signed by the authorized organizational and total budget amount are appended.
14. Yes ___ No _____ **OTHER.** Any special needs or commitments should be described in appended project summary. Special needs or commitments from the College (e.g. consultant, housing, classroom or office space, etc.)
15. Yes ___ No _____ **RESEARCH.** Is this a research project? If yes, you agree to review the Marist College research training requirements and certify that you and any research collaborators (including students and administrators) will register for and complete the CITI Program Research Training for Marist College available at www.citiprogram.org
NOTE: Final approval for future grant submissions will not be granted if this commitment is not met.
16. Yes ___ No _____ **BIOSPECIMENS.** Does this project have any *Recombinant or synthetic nucleic acid molecules, Infectious Agents or Biologically-derived Toxins*? If yes, the proposal must be reviewed by a Biosafety Committee (IBC). Please contact the School of Science for current the current review and approval procedure for research and teaching activities involving recombinant and synthetic nucleic acid molecules (r/sNA) or any biological agents that are potentially harmful. Projects involving human gene transfer require review and approval by an IBC and Marist’s Institutional Review Board (IRB). Other types of biological agents subject to review include infectious agents (human, animal, plant, etc.) and biologically-derived toxins.
17. Yes _____ No _____ I have completed the appropriate Significant Financial Conflict of 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: _____		

For Approval of Matching Funds ONLY:

Assistant Controller _____ Date _____

Chief Financial Officer _____ Date _____