

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 and returned to the Office of Academic Grants at least a one month prior to proposal deadline for pre-application planning 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 ___ **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 ___ 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

Chief Financial Officer _____	Date _____
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Comments:

OFFICE OF ACADEMIC GRANTS

Final Proposal Routing Form

Approvals and Signatures for Final Proposal

This form must be completed for final approval a minimum of seven working days prior to submission date. All signatures must be obtained and this form returned to the Office of Academic Grants at least two days before the proposal submission date to allow time for proposal processing. Items marked "yes" must include additional information as requested.

My signature below certifies that:

- 1) the information submitted within the application is true, complete, and accurate to the best of my knowledge;
- 2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and
- 3) I agree to accept responsibility for the implementation and/or scientific conduct of the project; and
- 4) I agree to provide the required progress reports if a grant is awarded as a result of the application.

Principal Investigator _____ **Date** _____

The signatures below indicate review and approval of the proposal.

TITLE	SIGNATURE	DATE
Academic Grants Director		
Dean of Faculty/VPAA		
Executive Vice President or CFO		

Comments:

Form(s) available at www.marist.edu/grants