**Completed form should be submitted to a Grants Office at least THREE business days prior to the planned submission date. Give yourself ample time to collect required signatures on this form and any required supplementary forms. Attach additional pages as needed.**

**PROJECT INFORMATION**

**Gustavus Principal Investigator/Project Director (name, department):**

**List names and departments of Gustavus Co-PIs/Co-PDs:**

**Project Title:**

**Funder (For subawards list lead institution and prime source funds):**

**Funding Opportunity Title (if applicable):**

**Submission Deadline:**

**Project Period Dates:** **to**

**Does your project involve student research experiences?**  No  Yes

**Purpose of Grant (select all that apply):**  Research  Programmatic  Curricular  Equipment  Leave Support  Fellowship  Other (specify):

**Funding Source:**  Federal  State/Local  Foundation  Corporation  Other (specify):

**Award Recipient:**  Award to Gustavus  Award to Individual

**Type of Application (select all that apply):** Letter of Intent/Inquiry First Request Retry Renewal  Supplement  Subaward

**Are there collaborators from other institutions? If yes, list names, institutions, and roles:** No Yes

**REQUIRED SUPPLEMENTARY FORMS**

Programmatic or Curricular project? No Yes →Project Idea Form Approved? Yes No

Reassignment/Course Release included? No Yes **→** Approval Form Complete? Yes No

F&A waiver or reduction? No Yes **→** Approval Form Complete? Yes No

**BUDGET INFORMATION**

Total Amount Requested $

Facilities and Administrative/Indirect Costs $

Will subawards be issued from Gustavus?  No  Yes

Total amount of subawards? $

Does this proposal require other contribution, cost share, or match?  Yes  No

If yes, complete match source table in Signatures section of this form.

**NOTIFICATIONS**

College commitments beyond grant period?  Yes  No  
(e.g. equipment maintenance, software licenses, instructors)

rDNA, biohazards, radioactive materials, lasers, drones?  Yes  No

Development of intellectual property, an original product, or technology?  Yes  No (other than a manuscript or report)

Travel to foreign countries or foreign collaborators?  Yes  No

Construction or building modifications? Estimate, approval from Physical Plant?  Yes  No

**COMPLIANCE AND CERTIFICATIONS**

Human Subjects? No Yes → IRB approval?  Yes  No Pending

Animal Research? No Yes → IACUC approval? Yes  No  Pending

Federal Funds? No Yes → FCOI on file for each investigator?  Yes  No

Students paid with federal funds? No Yes → PI will follow Gustavus RCR Policy?  Yes  No

**EXPLANATIONS**

If you answered yes to any question in the Notifications, or Compliance and Certifications sections, please provide a description below:

**SIGNATURES** *Sign and scan or insert electronic signature file.* ***No typed Signatures will be accepted.***

**MATCH COMMITMENTS:** Obtain signature of commitment from approving Gustavus budget officer or attach email or letter detailing specifics of commitment. Attach additional pages as necessary.

|  |  |  |
| --- | --- | --- |
| **Match Source** | **Amount** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  |

**PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) CERTIFICATION**

I certify that statements made in the proposal and accompanying materials are true and complete to the best of my knowledge. I agree to comply with relevant College and Grants Office policies and procedures; relevant federal requirements; and the terms and conditions of the awards. I will maintain the highest of ethical standards in the conduct of research. I will be responsible for initiating and documenting allowable project expenditures, including any cost-sharing or match. I will notify the Grants Offices promptly if any changes to the responses on this or any accompanying form or certifications are necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| PI/PD Signature | Date |  | Co-PI/co-PD Signature | Date |

\*If there are more Co-PIs attach additional copies of this page to include their signatures.

**ADMINISTRATIVE CERTIFICATIONS AND APPROVAL**

The attached proposal is consistent with the department’s mission and objectives, and the mission and curricula objective of the College. The professional merit and committed effort of the personnel involved are sufficient to carry out the proposed activities. Resources and commitments outlined in the proposal, including those beyond grant period, are authorized. Any institutional concerns have been resolved.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Dept. Chair or Director Signature | Date |  |
|  |  |  |
| Dean or VP Signature | Date |  |

The attached proposal, including the budget and any supplementary materials have been reviewed to ensure compliance with institutional policies and procedures.

All final materials and approved received 3 business days prior to the submission date?  Yes  No

|  |  |
| --- | --- |
|  |  |
| Grants Office Director Signature | Date |