

UTICA COLLEGE GRANT PROPOSAL APPROVAL FORM

To the Project Director: Complete this form as proposal development begins. Use it to gather information required for the grant submission and to inform and obtain necessary approvals (e.g., School Dean, Provost or designee, Office of Financial Affairs, Grant Office). Return completed form to the Utica College Office of Corporate, Foundation, and Government Partnerships at Champlin House.

Project Director: _____ **Extension:** _____

School or Administrative Division: _____ **Department:** _____

Title of the Project: _____

Funding Source: _____ **Type:** Federal State Corporate Foundation Other

Total Amount Requested: \$ _____ **Submission Deadline:** _____

Project Start Date: _____ **Project End Date:** _____

Budget Requested

Time period	Start Date	End Date	Direct/\$	Indirect/\$	TOTAL
Year 1					
Year 1 Match					
Year 2					
Year 2 Match					
Year 3					
Year 3 Match					
Total					

Does the project require cost share/match? Y N Percent/amount of match required by funding source: _____

Amount of match committed in budget: \$ _____ Budget review by Academic Financial Analyst: Initials _____ Date: _____

Are you requesting funding for equipment? Y N Additional space required? Y N Faculty release time? Y N

Hiring new faculty member? Y N Additional admin help? Y N Other In-kind support? Y N

IRB approval required for human testing? Y N *If Yes, additional review and approvals apply. Contact the Institutional Review Board. You must comply with the College's IRB policy and procedures manual at www.utica.edu/irb*

Have you read the Utica College policy on Financial Conflict of Interest for Externally Sponsored Programs and completed the Disclosure of Financial Relationship for Sponsored Project form? Y N

Read the full policy and attach the completed Disclosure form to the Utica College Grant Proposal Approval Form.

Attach a brief description of the project.

Certifications and Signatures:

I certify that the statements made in the attached proposal and on this form are true and complete to the best of my knowledge. I agree to comply with relevant federal requirements and the award terms and conditions if the award is made. I further certify that I will abide by the Utica College policy on Financial Conflict of Interest for Externally Sponsored Programs.

Signature of Project Director: _____ **Date:** _____

The attached proposal is in line with the program and academic objectives of the department. Adequate space is available or planned for the conduct of the project. The professional time allocations described therein are realistic.

Signature of Department Chair: _____ **Date:** _____

Signature of School Dean/Administrative Division Head: _____ **Date:** _____

Approvals: Provost or designee: _____ **Date:** _____

Grant officer: _____ **Date:** _____

See Pre-Award External Grants Policy and Procedures for more information (www.utica.edu/grants).