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: __________________________

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<td>Year 3 Match</td>
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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).