

Authorization To Submit Request for External Funding

REQUIRED for all Proposals from Glenville State College or the Glenville State College Research Corporation

Proposal No.	Deadline Information
	Electronic Submission: <input type="checkbox"/> Yes <input type="checkbox"/> No Hardcopy Submission: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___ / ___ / ___ Time: ___ : ___ Date: ___ / ___ / ___ Time: ___ : ___
Office Use Only	

Investigator Information		Proposed Principal Investigator	Proposed Co-Investigator	Proposed Co-Investigator*
	Name:			
	School:			
	Department:			
	Campus Phone:			
	E-mail:			
*Add Additional Proposed Co-PIs to the Supplemental Sheet (Page 4)				

Sponsor Information	Sponsoring Agency:		
	Response to Proposal Announcement #		
	Agency Program Title:		
	Your Project Title:		
	Source <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> State/Local	Purpose <input type="checkbox"/> Instruction <input type="checkbox"/> Public Service <input type="checkbox"/> Research <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____	Status <input type="checkbox"/> New <input type="checkbox"/> Continuation Agency Award Number: _____

Resource Information	Physical Location of Proposed Activity: <input type="checkbox"/> Off-Campus <input type="checkbox"/> On-Campus		Proposed Location Building and Room: _____		
	Does the project: (If "yes" is Checked, Please Explain on Supplemental Sheet, Page 4)			Yes	No
	1. Involve additional faculty/staff in Departments other than those of the Proposed PI or Co-PI? (Explain in budget)			<input type="checkbox"/>	<input type="checkbox"/>
	2. Require additional personnel, laboratory and/or office space? _____			<input type="checkbox"/>	<input type="checkbox"/>
	3. Require renovation of existing space? _____			<input type="checkbox"/>	<input type="checkbox"/>
	4. Require utilities in excess of those typically used? _____			<input type="checkbox"/>	<input type="checkbox"/>
	5. Disclose patentable or confidential information? _____			<input type="checkbox"/>	<input type="checkbox"/>
	6. Obligate the College to funding beyond the project period? _____			<input type="checkbox"/>	<input type="checkbox"/>
	7. Require the establishment of new academic programs? _____			<input type="checkbox"/>	<input type="checkbox"/>
	8. Expect to generate revenue? _____			<input type="checkbox"/>	<input type="checkbox"/>
9. Provide for a subcontract? _____			<input type="checkbox"/>	<input type="checkbox"/>	
10. Require IT support in excess of typical services provided? _____			<input type="checkbox"/>	<input type="checkbox"/>	

Proposal Information

Name: _____

Sponsoring Agency: _____

Project Title: _____

Compliance Information

Does This Project Involve Any of the Following?

<p>1. Human Subjects <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, IRB status? <input type="checkbox"/> Approved <input type="checkbox"/> Pending Date Approved: ____ / ____ / ____</p>	<p>2. Animals <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, IACUC status? <input type="checkbox"/> Approved <input type="checkbox"/> Pending Date Approved: ____ / ____ / ____</p>	<p>3. Hazardous Materials <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Contact the Office of External Relations.</p>	<p>4. Radioactive Materials <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Contact the Office of External Relations.</p>
<p>5. rDNA <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Contact the Office of External Relations.</p>	<p>6. Infectious Agents <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Contact the Office of External Relations.</p>	<p>7. Bloodborne Pathogens <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Contact the Office of External Relations.</p>	<p>8. Is a current Significant Financial Interest Disclosure (SFID) on file for proposed PI, proposed Co-PI, and Key Research Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Time & Budget

Initial Project Period from: ____ / ____ / ____ to ____ / ____ / ____	Entire Project Period from: ____ / ____ / ____ to ____ / ____ / ____
Initial Period Dollar Request: \$ _____	Total Project Dollar Request: \$ _____

Financial Information

PROPOSAL BUDGET SUMMARY

All proposals must include a complete budget reflecting full costs of the project; any costs not reimbursed by the sponsor must be clearly identified along with the source(s) of funds to cover them. **DETAILED PROPOSAL BUDGET MUST BE ATTACHED**

Does the Sponsor Limit Indirect Costs? ☐ Yes ☐ No if Yes, cite Website or Sponsor's Guidelines on Supplemental Sheet 4
 Does the Project Require Cost Sharing? ☐ Yes ☐ No if Yes, cite Website or Sponsor's Guidelines on Supplemental Sheet 4

		COST SHARING (*Describe College Cost Sharing Below)			
	Sponsor	College In-Kind	College Cash	Third-Party	Total
Personnel					
Other Direct Costs					
Equipment					
Indirect Costs					
TOTAL	\$	\$	\$	\$	\$

Cost Sharing (if additional space needed, list on Supplemental Page 4)

* Description of College Cost Sharing	Amount	Account No.	Acct. Mgr. Signature

Proposal Information

Name:

Sponsoring Agency:

Project Title:

PI & Co-PI Certifications and Responsibilities

The Proposed Principal Investigator (**PI**) and Proposed Co-Principal Investigator(s) (**Co-PI**) **certify the following:** (1) the information submitted within this 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; (3) I am not delinquent in any federal debt; (4) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; (5) I am not delinquent in submitting final project reports to sponsors for previous awards I have received; and (6) I agree to accept responsibility for the scientific conduct of this project and to provide the required progress reports if a grant is awarded.

The PI's signature also attests to SFID information provided in Section 8 on Page 2, and that updated SFIDs are on file before proposal submission.

In addition the Proposed **PI** and Proposed **Co-PI(s)** **accept responsibility** for: (1) adhering to GSC and GSC Research Corporation policies and procedures; (2) any over expenditures or disallowed costs; (3) ensuring that all costs incurred are project related and in accordance with contractual terms, conditions and time frames; (4) the technical and reporting requirements of the project; (5) any match commitment, whether required or voluntary, and that such commitment has been approved by all parties; (6) updating my significant financial interest disclosure form on an annual basis or as new reportable interests are obtained; (7) the development of a conflict of interest management plan, should one be needed; and (8) complying with any conditions or restrictions imposed by the College to manage, reduce, or eliminate actual or potential conflicts of interest.

☐ I have completed and provided detailed budget information in compliance with the banner system prior to grant submission.

PI's Signature	Date	Co-PI Signature	Date
Co-PI's Signature	Date	Co-PI Signature	Date

The signatures below indicate review and approval of the attached proposal and the items specified in this In-House Proposal Routing Form. Signatures must be secured in the designated sequence below:

Review and Approval	1. PI's Dept. Chair/Dean	Date	4. PI's Dept. Chair/Dean	Date
	2. Co-PI's Dept. Chair/Dean	Date	5. Co-PI's Dept. Chair/Dean	Date
	3. Co-PI's Dept. Chair/Dean	Date	6. Co-PI's Dept. Chair/Dean	Date
	7. Senior Vice President for External Relations			Date
	8. Provost or Appropriate Vice President			Date
	9. GSC Grants Manager			Date

NOTICE ONLY THIS FIRST PAGE WILL PRINT***

Proposed PI to List Key Research Staff on this Project below:

_____ Name	_____ Title
_____ Name	_____ Title
_____ Name	_____ Title
_____ Name	_____ Title

Proposal Information	
Name:	
Sponsoring Agency:	
Project Title:	