

ALBION COLLEGE GRANT PROPOSAL FORM

When you decide to apply for a grant, please complete this form, have it signed by your department chair, and return it to the Grants Coordinator, in the Development Office (it will be circulate it for other administrative signatures.) Do this early in the process of your grant writing to ensure the appropriate time to prepare a fundable proposal and gather the required College documentation and signatures. This form helps the College keep accurate records about grants applied for, and will serve to alert the administrative officers of your plans, to identify the need for regulatory approvals, and to identify possible needs (matching funds, special accounts, space, etc.) should your proposal be funded.

First Name _____ Last Name _____
Department _____ Phone Number _____
Project Title _____
Granting Agency _____
Agency Address _____
Agency Phone Number _____
Type of Proposal _____ Proposal Deadline _____
Brief Project Concept & Collaborators (*Attach additional pages if necessary*)

Budget Information

Amount Requested \$ _____ Please Describe
Other funds needed \$ _____
(from College, other grants, etc.)
Total Project Budget \$ _____

Facilities (check all that will be utilized by project)

Existing Space Building _____ Room _____
New Space Required (Attach description and facilities management cost estimate)

New Construction/Renovation

Proposal includes funds for construction/renovation

Major Equipment Installation

Other Please describe

Regulatory & Other Approvals

Will this project involve the use of:

Human participants
Vertebrate animals
Radioactive materials or radiation-producing equipment
Potentially infectious agents, including human blood or tissues
Carcinogens, teratogens, mutagens, or other hazardous chemicals
In vitro formation of recombinant DNA

Yes	No

If yes, you will need to have your research protocol reviewed and approved by the appropriate compliance committee(s). See http://www.albion.edu/grants/compliance_committees.asp for additional information. A copy of the approval(s) from the appropriate committee(s) must be filed with the Grants Coordinator in the Development Office. Please Note: All work will be conducted following the regulations set forth in the Albion College Chemical Hygiene Plan.

Today's Date _____

Approval Certifications

The undersigned certify that neither the PI nor anyone proposed to work on this project are, to the best of their knowledge, excluded from participation in federally funded activities as a result of government-wide suspension or debarment. (The complete text of the certification may be found at: http://grants1.nih.gov/grants/policy/nihgps_2003/NIHGPS_Part4.htm#_Toc54600066)

PI/Project Director: I certify that the above information is accurate and complete as of this date. I agree to accept responsibility for scientific and technical conduct of this project and for provision of required technical reports if a grant or contract is awarded as a result of this application. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the College.

PI/Project Director Signature

Date

Department Chair: The attached application is within the total program and academic objectives of the Department. Adequate space is available or planned for the project. The professional time allocations described therein are realistic.

Department Chair Signature

Date

VP for Finance and Administration or CFO: If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the College.

VP for Finance and Administration or CFO Signature

Date

Division Head/President: The proposed project is approved. It is consistent with the total program objectives of this school and the commitments for this project, including required matching funds/cost sharing, are acceptable.

Division Head Signature

Date

Associate VP Development Signature

Date

President Signature

Date