

Please complete this form and post it along with your proposal, financial disclosure form, budget and budget justification to your Google Drive SRO-(your name) folder located on in Google Drive.

FACULTY/ADMINISTRATIVE STAFF MEMBER			
Principal Investigator (PI)	First:	Last:	Department:
Campus phone:		E-mail address:	
Co-PI	First:	Last:	Department:
Campus phone:		E-mail address:	
GRANT/AGENCY INFORMATION			
Funding agency:			
Granting Division or Program:			
Submission deadline:		Project start date:	End date:
Grant Request: \$		This is a: <input type="checkbox"/> new proposal <input type="checkbox"/> renewal <input type="checkbox"/> supplement <input type="checkbox"/> revision	
<b>Collaborative Proposal or Subaward</b> – indicate type (if no subaward, leave blank): <input type="checkbox"/> Mount Holyoke will be the lead institution. List subawardee(s) or collaborator(s): <input type="checkbox"/> Mount Holyoke will be a collaborator. List lead institution: <input type="checkbox"/> Mount Holyoke will be a subawardee. List lead institution:			
GRANT INFORMATION			
Project Title:			
Number of months to be charged to the grant for PI: _____ academic year _____ summer			
Location of project: <input type="checkbox"/> Mount Holyoke campus <input type="checkbox"/> other (specify):			
<b>Type of research (check one):</b> <input type="checkbox"/> <b>Basic research:</b> systematic study to gain knowledge or understanding of the fundamental aspects of phenomena and of observable facts without specific applications toward processes or products in mind <input type="checkbox"/> <b>Applied research:</b> systematic study to gain knowledge or understanding necessary for determining the means by which a recognized and specific need may be met <input type="checkbox"/> <b>Development:</b> systematic use of the knowledge and understanding gained from research for the production of useful materials, devices, systems or methods, including the design and development of prototypes and processes			
BUDGET (check all that apply)			
Grant will cover:			
<input type="checkbox"/>	Summer salary for PI	<input type="checkbox"/>	Sabbatical/leave funding for PI
<input type="checkbox"/>	Academic year salary for PI	<input type="checkbox"/>	Equipment (\$5,000 & over)
<input type="checkbox"/>	Other personnel, including post-docs or technicians	<input type="checkbox"/>	Other (explain):
Does the project involve course release?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes:	Number of course releases requested:	Timing of course release(s):	
	Type of course release:	<input type="checkbox"/> Single course (consult Dean of Faculty for rate) <input type="checkbox"/> Single course with lab (consult Dean of Faculty for rate) <input type="checkbox"/> % of salary:	
<input type="checkbox"/> <b>(Required)</b> I have consulted my dep't chair & Dean of Faculty or relevant associate dean concerning course release(s).			

<p><b>Does the project include cost sharing – cash, personnel, or in-kind – from the college or other sources?</b></p> <p><input type="checkbox"/> No</p>	
<p><input type="checkbox"/> Yes:</p>	<p><input type="checkbox"/> Mount Holyoke College will be contributing \$ _____</p> <p><input type="checkbox"/> Other source: _____ will be contributing \$ _____</p> <p><input type="checkbox"/> Personnel: \$ _____</p> <p><input type="checkbox"/> In-kind (describe with amount and attach rationale for value): _____</p> <p><b>Matching must be approved by the Dean of Faculty or relevant associate dean.</b></p>
<b>EQUIPMENT AND SPACE</b>	
<p><b>Will this grant involve the purchase of new equipment valued at \$5,000 or more?</b></p> <p><input type="checkbox"/> No</p>	
<p><input type="checkbox"/> Yes:</p>	<p><b>What will be the source of funding for repairs, maintenance and supplies for the equipment in succeeding years?</b></p> <p><input type="checkbox"/> the grant budget    <input type="checkbox"/> my department's budget – I have checked to be sure there are sufficient funds</p> <p><input type="checkbox"/> endowed fund (explain): _____    <input type="checkbox"/> Other (explain): _____</p>
<p><b>Will any special installation, building renovation or construction be required to complete this project?</b></p> <p><input type="checkbox"/> No</p>	
<p><input type="checkbox"/> Yes:</p>	<p>Have you obtained an estimate from Facilities Management for this work? <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p>What will be the source of funds?</p> <p><b>The Dean of Faculty's office and Treasurer must approve any construction or renovation costs before your proposal can be submitted.</b></p>
<p><b>Will this grant involve the purchase of computer hardware, software, or other IT equipment?</b></p> <p><input type="checkbox"/> No</p>	
<p><input type="checkbox"/> Yes:</p>	<p><b>What is the source of funding for purchase of the equipment?</b></p> <p><input type="checkbox"/> the grant budget    <input type="checkbox"/> my department's budget – I have checked to be sure there are sufficient funds</p> <p><input type="checkbox"/> LITS – I have discussed and received approval from the Executive Director of LITS</p> <p><input type="checkbox"/> other (explain): _____</p>
<p><b>Does the project require additional laboratory or office space for equipment, employees, and/or students?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Please describe the type and amount of space required and your planned use for the space: _____)</p> <p><b>Approval is required by the Dean of Faculty or relevant associate dean.</b></p>	
<p><b>Will the grant activities require the use of College personnel or shared instrumentation or other resources for training, set-up, maintenance or other functions during or after the granting period?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. I have discussed &amp; received approval from: <input type="checkbox"/> LITS    <input type="checkbox"/> Machine Shop    <input type="checkbox"/> Microscopy    <input type="checkbox"/> Other: _____</p> <p>Estimate the number of hours of shared resources needed: _____</p>	
<b>CONSIDERATIONS FOR NSF OR NIH PROPOSALS</b>	
<p><b>A Disclosure of Financial Interest Form must be completed for each PI and Co-PI involved with this project.</b></p> <p><input type="checkbox"/> Yes, the completed form(s) are attached (required prior to submission).</p>	
<p><b>Will the grant include NSF or NIH funding for a postdoctoral or graduate-level researcher?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. I will comply with NSF or NIH requirements for a mentoring plan. See <a href="#">Sample Post Doc Mentoring Plan</a> from NSF.</p>	
<p><b>Will the grant involve NSF or NIH supported undergraduate, graduate or postdoctoral research?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. As the Principal Investigator, I acknowledge that I have viewed Mount Holyoke's <a href="#">Responsible Conduct of Research</a> (RCR) plan and will comply with the plan's training and mentoring requirements.</p>	
<p><b>For NSF proposals only:</b></p> <p><input type="checkbox"/> I <b>have</b> prepared a data management plan to submit with my proposal. (Resources and templates available at <a href="http://www.mtholyoke.edu/liits/learn/data_mngmt.html">http://www.mtholyoke.edu/liits/learn/data_mngmt.html</a> )</p>	

**Export Control Considerations**

**If funded, will there be any restraints on publication of research results or foreign nationals participation?**

- No
- Yes (explain):

Do you plan to travel internationally? *(Limit of 200 Characters)*      No      Yes      If yes, what countries?

**COMPLIANCE**

**Will the project use human subjects?**     Yes     No

- IRB approved      Approval date:      IRB Assigned Number:
- Pending (If funded, the PI must contact the IRB in advance of starting the project.)

**Will the project require the use of live vertebrates or vertebrate tissue harvested at Mount Holyoke?**     Yes     No

- IACUC approved      Approval date:      IACUC Assigned Number:
- Pending (If funded, the PI must contact the committee in advance of starting the project.)

**Will the project use recombinant DNA, infectious agents, or regulated biological materials such as select agents or human/primate blood or tissues?**     Yes     No

- Biosafety Committee approved      Approval date:
- Pending (If funded, the PI must contact the committee in advance of starting the project.)

**Will the project use radioactive materials, or Class IIIB or IV lasers?**     Yes     No

- Radiation Safety Committee approved      Approval date:
- Pending (If funded, the PI must contact the committee in advance of starting the project.)

**Debarment/Suspension**

- The Principal Investigator & co-investigators are not debarred or suspended from doing business with the federal government.

**For NIH Proposals**

- The Principal Investigator & co-investigators have attached a signed NIH PI Assurance Certification, available at <http://www.mtholyoke.edu/sponsoredresearch/forms.html>

**SIGNATURES (Please type your name and the date. Save, keeping it a PDF file, and upload to your google drive folder.)**

**Principal Investigator:** \_\_\_\_\_

**Date:**

**Dean of the Faculty:** \_\_\_\_\_  
**(or relevant Associate Dean)**

**Date:**

**Grant Accountant:** \_\_\_\_\_

**Date:**

**Office of Sponsored Research:** \_\_\_\_\_

**Date:**

**THIS SECTION TO BE COMPLETED BY GRANT ACCOUNTANT**

**SUMMARY**

<b>Direct costs</b>	\$ _____	Date: _____
<b>Indirect costs</b>	\$ _____	Date: _____
<b>Total \$</b>	\$ _____	Date: _____

**GRANT ACCOUNTANT INFORMATION**

	Budget draft checked for:	Initials & comments
<input type="checkbox"/>	Mathematical accuracy	_____
<input type="checkbox"/>	Salaries (rate increases)	_____
<input type="checkbox"/>	Fringe benefits (rates)	_____
<input type="checkbox"/>	Indirect cost (rate)	_____
<input type="checkbox"/>	Final budget checked to draft	_____

**THIS SECTION TO BE COMPLETED BY OFFICE OF SPONSORED RESEARCH**

	Proposal draft checked for:	Initials and comments
<input type="checkbox"/>	Adherence with guidelines	_____
<input type="checkbox"/>	Assurances	_____
<input type="checkbox"/>	Financial disclosure	_____
<input type="checkbox"/>	All approvals in place	_____

Upon verification of approval by the Dean of Faculty, or appropriate Associate Dean, the Sponsored Research Officer is delegated to act as the Authorizing Official and submit proposals to funding agencies