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Description automatically generated

Grant Official

Sign-Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final team notification

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERNAL APPROVALS FORM**

*Updated August 2022*

This form must accompany all faculty and institutional grant proposals that will be submitted for external funding. This form is also required for any proposal that involves a university commitment, even if funding will go directly to the faculty member (e.g. curriculum development, conferences held at St. John Fisher University, cost share, etc.).

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| Principal Investigator (PI) or Project Director (PD): | | Department/School: |
| Email: | | Phone: |
| Co-PI/PD: | | |
| Project/Grant Title: | | |
| Agency/Sponsor Name: | | |
| Submission Deadline: | | |
| Purpose: Research Instruction Fellowship Financial Aid Equipment Leave support  Program Other | | |
| Foreign Travel: Yes No | If yes, list countries: | |

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| **TOTAL FUNDING REQUESTED FROM SPONSOR—Attach a detailed multi-year budget** | | | | | |
| Length of Grant Period | Start Date | End Date | Direct/$ | Indirect/$ | Total Grant Request |
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| **PERSONNEL** | | |
| Does the budget include funds for existing faculty/staff positions? Yes No | | |
| List faculty/staff receiving the following: | | |
| **Course release** | **Buyout of time** | **Extra compensation** |
| Does the budget include funds for new faculty/staff positions? Yes No  Full Time Part Time  Hours per week: \_\_\_\_ Months per year: \_\_\_\_  Salary/wage rate:  Job description: | | |
| *If any funds will provide compensation to existing or new faculty or staff, obtain HR Department signature.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Does the budget include funding for student workers? Yes No  Salary/wage hourly rate:  Total hours:  Job description: | | |

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| **FRINGE BENEFITS** | | | | |
| Are you applying fringe benefits? Yes No | |  |  | |
| **If yes,** what are the faculty and student rates? | Faculty rate: | | | Student rate: |
| If this is a reduced rate, explain: | | | | |
| If no fringe is applied, why not? Funder does not allow fringe. Salary not charged to grant. | | | | |

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| **INSTITUTE FOR CIVIC AND COMMUNITY ENGAGEMENT** | |
| Will student participation require the resources of the Institute for Civic and Community Engagement through either of the following programs:  First Generation Program: Yes No  Service Scholars: Yes No  Target number of students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Semesters for participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student service site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *If yes, obtain Institute approval below:*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CENTER FOR STUDENT RESEARCH AND CREATIVE WORK** | |
| Will the proposed work require the resources of the Center for Student Research and Creative Work through:  Financial support: Yes No  Budgeted Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In-Kind support: Yes No  Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Target number of student researchers: \_\_\_\_\_\_\_\_\_\_\_\_  Target number of Faculty Mentors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Semesters for participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *If yes, obtain Center approval below:*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **ANTICIPATED PROGRAM INCOME** |
| Will the project will generate program income (e.g. fees for services performed)? Yes No  If yes, how will the program income be handled?  Add it to the available project funds and use it to meet program objectives;  Use it to meet the nonfederal (cost sharing) share of the project;  Deduct it from the total project or program allowable costs. |

| **COST SHARE** | | |
| --- | --- | --- |
| Cost Share? Yes No  If yes, explain cost share from other sources: | If applicable, what is the cost share committed in budget?  Cash Amount: $  In-kind Amount: $ | |
| Request from Sponsor | $ |
| University Contribution | $ |
| Third-Party/Other Contribution | $ |
| **Total Project Cost** | $ |

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| **INDIRECT COSTS** |
| Are indirect costs allowable? Yes No |
| Rate used: Institutional: On-campus rate \_\_\_\_\_\_\_\_\_\_ Off-campus rate \_\_\_\_\_\_\_\_\_\_\_\_\_  Other—please define: |

| **EQUIPMENT AND FACILITIES** | |
| --- | --- |
| Funding for equipment valued at >$5,000? Yes No *If yes, attached details including quotes.*  *(Please note that all equipment purchased with federal or state funds must be labelled and tracked for their useful life. If equipment is no longer needed following the grant period, the PI/PD must contact the Office of Sponsored Programs.)* | |
| Special installation requirements for equipment? Yes No  *If yes, attached details including quotes.* | |
| Are there any maintenance requirements for equipment? Yes No  *If yes, attached details including quotes.* | |
| Central technology needs: servers, data storage, cloud storage/service, connectivity, removal of firewalls, or programming? Yes No | *If yes, attach details include quotes and obtain signature from OIT*.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Funding for extensive use of computers or software? Yes No | *If yes, attach details include quotes and obtain signature from OIT*.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional or renovated space requirements?  Yes No | *If yes, attach details include quotes and obtain signature from Facilities*.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the grant project require any library services?  Yes No | *If yes, obtain signature from Lavery Library.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you proposing on-campus housing arrangements? Yes No | |

| **EXTERNAL CONTRACTS AND SERVICES** | |
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| Does the grant project require the services of a vendor/outside company? Yes No  *If yes, was Subrecipient v. Contractor checklist used?* Yes No *(If yes, please attach checklist.)*  *If yes, did you verify that the vendor is eligible to receive federal funds by conducting a SAM search?*  Yes No N/a | *If yes, attach quotes. Please note that for any contracts with a value of >$3,000, every effort should be made to obtain at least two competitive quotes.* |

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| **SUBAWARD ARRANGEMENTS** | |
| Subaward amount: | Name of subrecipient: |
| Has a subaward commitment form been signed by the subrecipient? Yes No  *If yes, was Subrecipient v. Contractor checklist used?* Yes No *(If yes, please attach checklist.)* | |

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| **FEDERAL CERTIFICATION REQUIREMENTS** | |
| Is the PI/PD debarred, suspended, or otherwise excluded from covered transactions by any Federal dept. or agency? Yes No | |
| Is the PI/PD delinquent on any federal debts? Yes No | |
| Has anyone lobbied on behalf of this proposal? Yes No | |
| Are any named participants out of compliance with the University’s Drug-Free Workplace Policy? Yes No | |
| Are students participating in NSF- or NIH-funded research? Yes No | *If yes, the PI agrees to ensure students are trained in Responsible Conduct of Research.*  PI/PD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_ |
| **Is your FCOI training up to date?** Yes No If no, must complete before proposal can be submitted.  **Attach appropriate Financial Conflict of Interest Disclosure Forms** | |

| **RESEARCH COMPLIANCE** | |
| --- | --- |
| Human subjects? Yes No  IRB approval pending | *If yes, provide IRB file number if available:* |
| Animal research? Yes No  IACUC approval pending | *If yes, provide IACUC protocol number if available:* |
| rDNA or biohazards? Yes No | *If yes, obtain Safety approval signature.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Radioactive materials? Yes No | *If yes, obtain Radiation Officer approval signature.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **RESEARCHER ASSURANCES** | **Signed/Date** |
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| ***By signing this routing form, I:***  1) acknowledge and accept responsibility for the technical content and quality of the proposed project;  2) assure that the project and other professional activities and the University mission are compatible;  3) assure that the information contained on this form is true, accurate and complete to the best of my knowledge;  4) acknowledge and accept responsibility for the financial and scientific conduct of this project, and to be bound by the terms, conditions, and reporting requirements of any award agreement which supports this activity and by SJF policies;  5) assure that arrangements have been made to fund any cost sharing or other special resources needed to conduct this work;  6) will appropriately document time & effort spent on implementing the grant project;  7) understand that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and  8) certify that I have not been debarred or suspended from doing government‐sponsored work;  9) acknowledge that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance (drugs) is prohibited on SJF, or SJF-controlled property and any violations will result in appropriate action as outlined in the Employee Handbook;  10) agree to adhere to the faculty statutes for conducting research;  11) acknowledge that grant recipients are required to notify the National Science Foundation or the National Institutes of Health if or when a Principal Investigator (PI) or Co-Principal Investigator (Co-PI) are respondents to findings or allegations of sexual harassment, sexual harassment, or other forms of harassment. Consistent with St. John Fisher policies and statutes, privacy is maintained to the greatest extent possible in any disclosure. Submission of this proposal is acknowledgement that the University is required to disclose allegations and/or findings of sexual harassment, sexual assault, or other forms of harassment where the PI or Co-PI are respondents, to the NSF or NIH.  10) acknowledge that I do not have any foreign influences to disclose that will impact my project. Foreign influences are defined as foreign research grants; international employment arrangements; and affiliations with researchers, students and employees of foreign entities. | **PI/Project Director**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  **Co-PI/Co-Project Director**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

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| ***Administrators: Your signature indicates that you have thoroughly read the attached proposal and accept responsibility for its implementation on the behalf of your department and of the University.*** |

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| **ADMINISTRATOR APPROVALS/AUTHORIZATION** | **Signed/Date** |
| The attached proposal fits the department’s overall program and academic objectives. Adequate space is available or planned to conduct the project. The professional time allotted is realistic and within University guidelines. | **Department Chair/Program Director**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| The attached proposal is consistent with the overall objectives of the University and all institutional concerns are resolved. The proposal is hereby approved. | **School Dean or Vice President**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| The attached proposal is consistent with the overall objectives of the University and all institutional concerns are resolved. The proposal is hereby approved. | **Provost**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Kevin Railey  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| I authorize submission of the attached proposal. | **Controller**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Diane Martz  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| I authorize submission of the attached proposal. | **VP for Finance and CFO (required for all Federal/State Proposals and those involving capital projects)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name/Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |