**SUNY Geneseo**

**Office of Sponsored Research**

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| **OSR**  **Use**  **Only** | Proposal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Delivery Method: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Awarded/Declined: \_\_\_\_\_\_\_\_\_\_  Date Awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Awarded: \_\_\_\_\_\_\_\_\_\_\_ |

**EXTERNALLY FUNDED PROJECTS APPROVAL FORM**

College policy requires that faculty and staff confer with the Office of Sponsored Research and appropriate academic and administrative personnel before submitting proposals to external funding agencies. This requirement applies to applications for grants, contracts, cooperative agreements and fellowships.

**DIRECTIONS:** Please complete this form, attach the proposal and draft budget or supply electronic versions of these, sign where indicated, obtain signatures from co-PIs/PDs and your Department Chair/Office Director/Dean and then forward it to the Office of Sponsored Research, Erwin 205, for final administrative approvals and submission AT LEAST **10** WORKING DAYS BEFORE THE AGENCY DEADLINE. **Proposals to external funding agencies will not be submitted without appropriate institutional approvals**.

**PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR DATA**

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| --- | --- |
| **Principal Investigator/Project Director** | **Department/Office/School** |
| **Co-Principal Investigator(s)/Project Director(s)** | **Department(s)/Office(s)/School(s)** |

**PROPOSAL DATA**

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| **Project Title:** |
| **Type of Submission** (list current grant/contract number and Research Foundation award number if applicable)  \_\_\_ Pre-Proposal \_\_\_ Competing Continuation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ New Proposal/Contract \_\_\_ Non-competing Continuation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of Activity:** \_\_\_ Research \_\_\_ Educational Support \_\_\_ Public Service \_\_\_ Fellowship \_\_\_ Library  \_\_\_ Institutional & Department Support \_\_\_ Conference \_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of Funding:** \_\_ Grant \_\_\_ Contract \_\_\_ Cooperative Agreement \_\_\_ Miscellaneous Support |

**SPECIAL REVIEW CHECKLIST**

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| **This proposal involves the following** (check all applicable items): | |
| \_\_ Subcontracts, Consultants, Non-Geneseo Personnel | \_\_ Radioactive Materials |
| \_\_ Human Subjects, status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ Potential Conflict of Interest (SUNY-2 Ethics) |
| \_\_ Animal Subjects, status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ Release Time from Teaching or Leave of Absence |
| \_\_ Foreign Travel, list country ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ Computing Services |
| \_\_ Chemical Carcinogens, Biohazards or Infectious Agents | \_\_ Facilities Construction/Renovation, Equipment Installation |

**AGENCY TRANSMITTAL DATA**

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| --- | --- |
| **Agency Name:**  **Type:** \_\_\_Federal \_\_\_State \_\_\_Private \_\_\_Other  **Prime Funding Agency,** if applicable:  **Program Title:**  **CFDA #** (for Federal Programs): | **Agency Mailing Address:**  **E-mail:**  **Phone:** |
| **Proposal Submitted**  Electronically: \_\_ Email submission \_\_\_ Grants.gov  \_\_\_ Fastlane \_\_\_ eRA Commons  \_\_\_ e-Grants  By Post: Original + \_\_\_\_\_ copies sent to Agency  \_\_\_ Express \_\_\_ UPS \_\_\_ USPS | **Agency Deadline**  \_\_\_ Receipt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Postmark \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ None |

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| **BUDGET DATA** | **Initial Project Period**  **\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_** | **Total Project Period**  **\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_** |
| Requested Direct Costs (For Fellowships, list value) |  |  |
| Requested Indirect Costs\* |  |  |
| Total Requested |  |  |
| Geneseo Cost Share |  |  |
| Cash |  |  |
| In-kind |  |  |
| Other Contributions/Income |  |  |
| \*Full Geneseo indirect cost rate of 57% of Modified Total Direct Costs? \_\_ yes \_\_ no. | | |

**PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) ASSURANCES:** To the best of my knowledge, the proposed project conforms to all SUNY-Geneseo policies, ethical principles of my profession, and policies of the sponsor.

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| **Principal Investigator/Project Director** *Signature Date* | **Co-Principal Investigator(s)/Project Director(s)** Signature(s) Date(s) |

**APPROVALS:** Signature by Department Chair/Director/Dean indicates approval for departmental, office, or school commitments, including released time from teaching. Signature by the Director of Research indicates that the project complies with SUNY Geneseo policies, applicable federal, state, and local regulations, and policies of the sponsor. Signature by the Provost, Vice President for Administration and Finance, and President indicate agreement to provide the institutional commitments of time and financial resources as outlined in the project budget.

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| **PI/PD Chair, Dean, or Director**  *Signature Date* | **Co-PI/PD Chair, Dean, or Director**  *Signature Date* | | **Director of Sponsored Research**  *Signature Date* |
| **Associate Provost for Finance and Administration**  *Signature Date* | **Vice Provost for Academic Affairs**  *Signature Date* | | **Provost and Vice President for Academic Affairs**  *Signature Date* |
| **Vice President for Finance and Administration / Research Foundation for SUNY Operations Manager**  *Signature Date* | | **President**  *Signature Date* | |