



Office of Grants and Sponsored Programs

GRANT PROPOSAL ENDORSEMENT

This form must accompany all faculty and institutional grant proposals and contracts that will be submitted for external funding and must be completed prior to submission. The Principal Investigator/Program Director is responsible for obtaining the appropriate signatures working with Foundation Relations and Sponsored Programs.

Today's Date: _____
PI/Project Director: _____ Dept: _____ Phone: _____

Sponsor : _____ Deadline Date: _____

Project Title: _____

Proposal type: [] New [] Continuation [] Renewal [] Supplemental [] Revised

Budget type: [] New [] Revised (Date originally submitted): _____

Purpose: [] Research [] Instruction [] Fellowship [] Equipment [] Leave Support
[] Other: _____

Expected Start Date: _____ Proposed Grant Duration: _____

Amount of Grant: _____

Does the sponsor allow for indirect costs? [] YES [] NO

Any matching or cost-sharing requirement? [] YES [] NO If YES, provide details on Page 2.

Are you requesting funding for IT equipment? [] YES [] NO
Are there any special ITS requirements? [] YES [] NO If YES, provide details on Page 3.
If YES, signature ITS: _____

Are you requesting funding for instrumentation? [] YES [] NO
Will additional space or renovations be necessary? [] YES [] NO
If YES, signature Facilities Services: _____

Does proposal involve creation of new positions? [] YES [] NO
If YES, signature Dean of Faculty: _____

Have you developed a Data Management Plan for this project? [] YES [] NO

Is there a potential conflict of interest (financial or other) related to this project? [] YES [] NO
If YES, attach required disclosure form.

Will any family members directly or indirectly benefit from the project? [] YES [] NO
If YES, disclose relationship in proposal.

Is PI/Project Director debarred, suspended, or otherwise excluded from covered transactions by any Federal dept. or agency? [] YES [] NO

Is PI/Project Director delinquent on any federal debts? [] YES [] NO

Has anyone lobbied on behalf of this proposal? [] YES [] NO

Are all named participants in compliance with the College's Drug-free Workplace Policy? [] YES [] NO

Does the project for which support is requested involve:

- 1) participation of human subjects? YES NO
 If YES, signature IRB Chair _____ Date: _____
- 2) research with warm blooded animals? YES NO
 If YES, signature IACUC Chair _____ Date: _____
- 3) radioactive isotopes? YES NO
 If YES, signature Radiation Officer _____ Date: _____
- 4) rDNA, carcinogens, pathogens, or other biohazards? YES NO
 If YES, signature Safety Officer _____ Date: _____
- 5) class IIIb, c, or Class IV lasers? YES NO
 If YES, signature Safety Officer _____ Date: _____

NSF Supported Projects:

I have completed the online training modules for Responsible Conduct of Research: YES NO
 Any students who will be supported by my NSF funds or will work in an NSF supported lab will have completed the online training modules for Responsible Conduct of Research: YES NO

BUDGET REQUESTED FROM SPONSOR

PERIOD	START DATE	END DATE	DIRECT/\$	INDIRECT/\$	TOTAL
1st YEAR					
2nd YEAR					
3rd YEAR					
4th YEAR					
5th YEAR					
TOTAL					

MATCHING COSTS/COST SHARING INFORMATION

TOTAL COLBY CONTRIBUTION:	\$ _____
Cash	\$ _____
Acct.	# _____
Budget Administrator	_____
Value of In-Kind	\$ _____
Explain:	_____
TOTAL COST SHARE FROM OTHER SOURCES	\$ _____
PROJECT TOTALS:	
Request from Sponsor	\$ _____
College Contribution	\$ _____
Third-party Sources	\$ _____
TOTAL PROJECT COST	\$ _____

INSTRUMENTATION OR IT EQUIPMENT INSTALLATION

REQUIREMENTS (add additional sheet if necessary)

EXPLAIN:

Who at the College has reviewed these requirements?

ADDITIONAL SPACE OR RENOVATIONS

(add additional sheet if necessary) EXPLAIN:

Who at the College has reviewed these needs?

AUTHORIZED SIGNATURES

I certify that the statements made in the attached proposal and the above certifications are true and complete to the best of my knowledge. I agree to comply with relevant federal requirements and the award terms and conditions if an award is made.	_____ PROJECT DIRECTOR	_____ DATE
The attached proposal is within the program and academic objectives of the department. Adequate space is available or planned for the conduct of the project. The professional time allocations described therein are realistic and within College guidelines.	_____ DEPARTMENT CHAIR	_____ DATE
I have reviewed the budget	_____ DIR., ADMIN. FINANCIAL SERV.	_____ DATE
I approve the budget.	_____ VP ADMINISTRATION / CFO	_____ DATE
The attached proposal is consistent with the overall objectives of the College and all institutional concerns are resolved.	_____ PROVOST / DEAN OF FACULTY	_____ DATE
I have completed a final review for compliance, reporting requirements, and proposal competitiveness.	_____ Director Foundation Relations Director Sponsored Programs	_____ DATE

Please return the completed form and a copy of the proposal -- drafts are acceptable as long as they include a project summary, budget, and budget narrative -- to the Office of Foundation Relations and the Office of Sponsored Programs, Mail Box 4342 Alumni Center. For questions, please call Kristin Anderson (x4342), Seven Grenier (x4341), or Betsy Danner (x4365).

Once submission is complete, please forward a final copy of the proposal to the Office of Foundation Relations and the Office of Sponsored Programs at grants@colby.edu or klander@colby.edu, sgrenier@colby.edu, esdanner@colby.edu.

OTHER PERTINENT INFORMATION