

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 TimeHours 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 [ ] NoSalary/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 [ ] NoService Scholars: [ ] Yes [ ] NoTarget 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 [ ] NoBudgeted Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In-Kind support: [ ] Yes [ ] NoPlease 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 [ ] NoIf 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** |
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| Cost Share? [ ] Yes [ ] NoIf 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**  |
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| 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** |
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| 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 |