**GETTYSBURG COLLEGE**

**EXTERNAL FUNDING PROPOSAL PROCESSING FORM**

*Please return this form with a copy of your budget and draft narrative* ***at least 10 working days*** *prior to submission to Laura Runyan (4th Floor of Penn Hall Box 423 or* [*lrunyan@gettysburg.edu*](mailto:lrunyan@gettysburg.edu)*).*

|  |  |  |
| --- | --- | --- |
| Name of Applicant | | |
| Title of Project | | |
| Sponsor | | Submission Deadline |
| Source  Federal  State/Local  Foundation  Corporation | | |
| Amount Requested  $ | Match or Cost Share (if any)  $ | Period of Support |
| Indirect Cost or Overhead Calculation:  College’s Federal negotiated rate ,  limited by funder to \_\_\_ % ,  overhead not allowed by funder | | |

*Please respond yes or no to the following questions:*

|  |  |  |  |
| --- | --- | --- | --- |
| First Request? | Renewal? | Retry? | Supplement? |

*Please provide a detailed response to the following questions:*

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| During the life of the grant, do you plan to request a research leave or sabbatical?  If yes, when? How will this impact the grant?  If yes, are you requesting grant dollars to support the leave or sabbatical? |
| Please describe other staffing implications of the proposed grant:  Summer salary?  Course release?  Administrative assistant?  Other personnel? |
| Is this project to continue at the end of the grant?  If yes, what is the source of budgetary support? |
| Does the project require subcontracts or collaborative agreements?  If yes, please provide subcontractor or collaborator names. |
| Does the project require additional laboratory or office space for equipment (or renovations of existing space), employees, and/or students?  If yes, please describe: |
| Does the project require significant use of auxiliary services? (dining, printing, mailing, etc.)  If yes, please describe: |
| Does the project require significant use of IT services?  If yes, please describe: |
| Does this project involve international travel for you or your students?  If yes, you will need to contact the [Center for Global Education](http://www.gettysburg.edu/about/offices/provost/cge/) before departure. |

**FEDERAL APPLICANTS ONLY** *(you must answer each question)***:**

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| Have you completed the College’s [Conflict of Interest Form](https://www.gettysburg.edu/alumni/grants-guidebook/pdfs/2020/conflict-of-interest-form.pdf)? |
| Does your research involve human subjects?  If so, have you sought or are you seeking approval from Gettysburg’s [Institutional Review Board (IRB)](http://www.gettysburg.edu/irb/)? (Please provide a copy) |
| Does your research involve animal subjects?  If so, have you sought or are you seeking approval from [Gettysburg’s Institutional Animal Care and Use Committee (IACUC)](http://www.gettysburg.edu/about/offices/provost/support_for_research/animal_research/)? (Please provide a copy) |
| Does your research involve recombinant or synthetic nucleic acid molecules and/or infectious agents?  If so, please contact College Grants before moving forward. |
| Will the project use radioactive materials, or Class IIIB or IV lasers?  If so, have you sought or are you seeking approval from Gettysburg’s Radiation Safety Officer ([Steve James](https://www.gettysburg.edu/academics/biology/faculty/employee_detail.dot?empId=02000159120013271&pageTitle=Steve+James))? |
| Does your project include research by undergraduate students?  If so, have you read the College’s plan for [Responsible Conduct of Research?](http://www.gettysburg.edu/about/offices/provost/student-scholarly-engagement/urca/responsible-conduct-of-research-plan.dot) |
| Does your grant include the purchase with federal funds of equipment that will cost more than $3,000?  If yes, please describe: |
| As a condition of acceptance of this award, the PI understands and agrees that Gettysburg College will comply with the sponsor’s notification policy on Sexual Harassment, Other Forms of Harassment, or Sexual Assault. **Initial Here**: |

**SIGNATURES:**

*On behalf of my department/division, I certify approval of and support for this grant submission:*

Signature Date

|  |  |  |
| --- | --- | --- |
| Department Chair (obtain first) |  |  |
| College Grants |  |  |
| Dean (College Grants will obtain) |  |  |
| Finance (College Grants will obtain) |  |  |

*I certify that the above information is true, complete, and accurate to the best of my knowledge. I agree to comply with the grant award terms and conditions and* [*College policies and procedures*](http://www.gettysburg.edu/alumni2/grants_guidebook/index.dot) *if an award is made.*

|  |  |
| --- | --- |
| Applicant Signature: | Date: |

**NIH Applicants:** *By signing below, I certify (1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.*

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| Applicant Signature: | Date: |