

SIGN-OFF TRANSMITTAL FOR EXTERNAL GRANT APPLICATIONS

PROJECT DESCRIPTION

1. Project Director(s): _____ Dept.: _____
_____ Dept.: _____
2. Other Faculty Participants: _____ Dept.: _____
_____ Dept.: _____
External Collaborators: _____
3. Project Title: _____
4. Type of Grant: ___Research ___Conference ___Curriculum ___Training
 ___Equipment ___Public Service ___Arts Perform. ___Other
5. Type of Proposal: ___New ___Renewal ___Revision
6. Project Period: _____ to _____
7. Total Budget Request: _____
Amount Requested from Funding Agency: _____
Amount Requested from Randolph College: _____
8. Funding Agency: _____
Deadline: _____

Compliance Checklist:

Financial Disclosure Form for Investigators (see Conflict of Interest Policy) _____ (Yes, N/A)
Human Subjects (Internal Review Board) _____ (Yes, N/A)
Animal Subjects (Animal Research Committee) _____ (Yes, N/A)
Responsible Conduct of Research Training (see Responsible Conduct of Research Policy)
_____ (Yes, N/A)

Certification: The following have reviewed this proposal and certify its feasibility; the Project Director certifies compliance with all relevant federal regulations and College standards. (See Project Checklist on next page for specific details.)

Project Director: _____ Date _____

Sponsored Programs Officer: _____ Date _____

Vice President for Finance and

Administration and Treasurer: _____ Date _____

Provost & VP for Academic Affairs: _____ Date _____

*President of the College: _____ Date _____

*for proposals that are institutional and/or programmatic and affect the financial commitments of the College.

I. SIGN-OFF TRANSMITTAL FOR EXTERNAL APPLICATIONS (pg. 2)

PROJECT CHECKLIST

Yes No

___ ___ **MATCHING FUNDS:** Are matching funds included in the proposal?

Amount: _____ Internal Resource: _____

___ ___ **FACULTY TIME RELEASE:** Is release time requested as part of this application? This request needs to be discussed with the department chair and the Dean of the College before the proposal is submitted. A letter from the department/program chair in support of release time must accompany the request.

How much release time? _____ Which semester(s)? _____

___ ___ **NEW PERSONNEL:** Will this application commit the College to new personnel or increased effort by existing staff? The grant budget must provide all salary and benefits in accordance with personnel and benefit policies for comparable positions in the employee category.

___ ___ **EQUIPMENT:** Are there any additional expenses required for the purchase, installation, and maintenance of equipment not covered by the grant? If so, please identify additional sources.

College cost share: a) Equipment (describe and provide cost/funding source): _____

b) Installation (describe and provide cost/funding source): _____

c) Maintenance (describe and provide cost/funding source): _____

___ ___ **SPACE:** Will the project require alterations of existing space or new facilities?

Description of space _____

Cost estimate _____

Internal contact person _____

___ ___ **COMPUTER SERVICES:** Are there computer service needs? Hardware, software, and computing time should be requested from the sponsor, when appropriate. Feasibility of technical support needs to be discussed with the Chief Technology Officer before the proposal is submitted.

The Department Chair will sign this page only if items on this page affect the department.

Department Chair acknowledges having seen this proposal:
