

**CONNECTICUT COLLEGE APPROVAL FORM FOR CORPORATE, FOUNDATION,
GOVERNMENT AND RESEARCH GRANTS AND CONTRACTS**

Forms available from the Office of Corporate, Foundation and Government Relations, ext. 2438 or 2404

Date received by CFGR Office _____ Deadline for submission _____
Source: Foundation _____ Corporation _____ Federal _____ State _____ Other _____
Purpose: Institutional _____ Research _____ Format: Contract _____ Subcontract _____ Revised _____
Budget _____ Supplement _____ Renewal _____ Consortial _____ Other _____

A. GENERAL INFORMATION

P.I.(s)/Project Director: _____ Dept.: _____

_____ Dept.: _____

Agency/Grantor: _____ Grant Period: _____ to _____

Specific program: _____ **Total Request:** _____

Proposal Title: _____

B. BUDGET:

1. College Matching funds requested: _____ Required Match? Yes ___ No ___

Matching funds source: _____ Matching funds used for _____

Other Matching funds and source(s) _____

2. Additional space or support required? Yes ___ No ___ **Course release?** Yes ___ No ___

If yes, please itemize: _____

3. Does this project require academic year released time? Yes ___ No ___

If yes, please itemize: _____

If the answer to 1, 2, or 3 is yes, have the Associate Dean of the Faculty sign: _____

4. Are Indirect Costs allowed? Yes ___ No ___ Waived ___ % Waived _____

If Indirect Costs are waived, please have the Dean of the Faculty sign _____

5. Fringe Benefits will be paid by _____

6. Would a grant award cause a College employee to become benefits-eligible?* Yes ___ No ___

*If Yes, route to Human Resources for review (*At Connecticut College, the following employees are benefits eligible: faculty appointed to teach 4 courses or more per year, or the equivalent; staff regularly scheduled to work a minimum of 1,000 hours per year; and staff who have a term appointment for at least six months in which they are regularly scheduled to work a minimum of 30 hours per week.)*

7. Does the project budget include stipends for College staff members? Yes ___ No ___

If Yes, route to Human Resources for review

8. Summer housing for students? Yes ___ No ___ No. of students _____ No. of weeks _____

Please obtain signature of the **Dean of the College** _____

9. Does the proposal budget provide for **student payments**? Yes ____ No _____. If yes, the payment must be reviewed by Accounting to determine whether the payment is considered to be wages or an internship.

C. SPECIAL REQUIREMENTS

1. Is there a **Contract** involved? Yes ___ No ___ If yes, then requires internal routing to Legal Counsel/VP of Administration for review.

2. Does this project involve: human subjects? Yes ____ No ____ IRB _____
 vertebrate laboratory animals? Yes ____ No ____ IACUC _____
 recombinant DNA? Yes ____ No ____ Lab Safety _____

3. For NSF proposals only:

Will students or postdoctoral researchers be supported by the grant? Yes ___ No ___.

If yes, PI agrees to participate in RCR training (PI signature and date): _____

4. For NSF and DHHS (NIH, PHS) proposals only:

Conflict of Interest: Are there significant financial interests to be reported by any individual(s) responsible for the design, conduct, or reporting of this project? Yes ___ No ___. If yes, a *Significant Financial Interest Disclosure* form and accompanying materials must be submitted to the office of Corporate, Foundation and Government Relations prior to receiving Campus Endorsements and before this proposal is submitted. Each P.I. must sign below.

___ I have reviewed the Connecticut College Conflict of Interest Policy and there is no significant financial interest by any party as defined above. If this changes during the period of the grant, a revised Disclosure form will be submitted immediately.

___ There is a significant financial interest and a Disclosure form was submitted to the Office of Corporate, Foundation and Government Relations on (date): _____ by: _____

NSF and DHHS P.I.(s):

_____ Date _____

_____ Date _____

D. SIGNATURES/CAMPUS ENDORSEMENTS: (to be obtained in sequence)

[] Project Director (PI) _____ Date _____

[] Department Chair _____ Date _____

[] Director, CFGR _____ Date _____

[] Controller _____ Date _____

[] VP, Finance & Admin. _____ Date _____

[] Dean of the College _____ Date _____

[] Dean of the Faculty _____ Date _____

[] VP, Human Resources _____ Date _____

[] VP, Information Services _____ Date _____

[] VP, Advancement _____ Date _____