

Today's Date: _____

Proposal Deadline Date: _____

 Type of Proposal: Standard proposal Subaward/Collaborative Consultant Transfer of Equipment (request additional information from ORSP)
 Transfer of Grant (request additional information from ORSP) Retroactive proposal that was not internally approved

 Electronic Submission? Yes No
- APPLICATION DATA -

Title of External Funding Opportunity: _____ Proposal Working Title: _____

Sponsoring Agency/Program: _____ Catalog of Federal Domestic Assistance (CFDA#), if applicable: _____

Principal Investigator/Program Director: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Co-PI/PD: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Co-PI/PD: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Co-PI/PD: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Co-PI/PD: _____ Title: _____

School or Unit: _____ Email Address: _____ Phone #: _____

Please use another copy of this form for additional names.
- PROPOSAL SUMMARY INFORMATION -
Proposal Status: New Preliminary or Pre-proposal Revised Competitive Renewal Continuation Supplement to existing grant

Project Type: Education and Teaching Research Public Service Scholarship Fellowship

Funder Type: Federal Federal flow-through State Business/Industry National Foundation Local Foundation Organization

Anticipated Award Terms (check all that apply):
 Grant Cooperative Agreement Contract Other: _____

 Subcontract Cost-Reimbursement Fixed-Price

Anticipated Special Considerations (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Animal Research | <input type="checkbox"/> Human Subject Research (You must request IRB approval) |
| <input type="checkbox"/> Course release time requested and number: _____ | <input type="checkbox"/> GGC Cost-Sharing and Required Amount: _____ |
| <input type="checkbox"/> Partner Cost-Sharing: _____ | <input type="checkbox"/> Equipment purchases greater than \$50,000 |
| <input type="checkbox"/> Recurring costs for equipment maintenance and supplies | <input type="checkbox"/> Support required from Information Technology Services (OET signature required) |
| <input type="checkbox"/> Alterations to the physical plant or commitment of college space | <input type="checkbox"/> Possible patents/copyrights |
| <input type="checkbox"/> Consultant(s) proposed | <input type="checkbox"/> Subcontract(s) proposed |

- BUDGET INFORMATION -
YEAR 1 BUDGET INFORMATION Start Date: _____ End Date: _____

Direct Costs Requested from Sponsor: _____ In-Kind Cost Sharing: _____

Indirect Costs Requested from Sponsor: _____ Cash Cost Sharing: _____

Total Requested Amount from Sponsor: _____ Total Cost Sharing: _____

PROJECT TOTAL (Request+ Cost-Share): _____

BUDGET INFORMATION FOR ENTIRE PROJECT CYCLE Start Date: _____ End Date: _____

Direct Costs Requested from Sponsor: _____ In-Kind Cost Sharing: _____

Indirect Costs Requested from Sponsor: _____ Cash Cost Sharing: _____

Total Requested Amount from Sponsor: _____ Total Cost Sharing: _____

PROJECT TOTAL (Request + Cost-Share): _____

- PI/PD and CO-PI/PD CERTIFICATION -

By signing and submitting this proposal, I certify that: (1) the information submitted within the application is true, complete, and accurate to the best of my knowledge; (2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; (3) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if the project receives funding; and (4) I will comply with the award terms and conditions and all applicable Federal, State and College regulations, policies and procedures. I certify that I have read and understand GGC's conflict of interest policy. To the best of my knowledge, all required financial disclosures were made, and I will comply with any conditions or restrictions imposed by the Institute to manage, reduce or eliminate conflicts of interest.

Principal Investigator/Program Director: (Signature) _____ (Date) _____

Co-PI/PD: (Signature) _____ (Date) _____

Co-PI/PD: (Signature) _____ (Date) _____

Co-PI/PD: (Signature) _____ (Date) _____

Co-PI/PD: (Signature) _____ (Date) _____

Please use another copy of this form if you require an additional signature page.

- SUPERVISOR CERTIFICATION -

NOTE: If a co-PI is from a different school/unit, please request for his/her supervisor's signature

PI/PD Supervisor: (Signature) _____ (Date) _____

Co-PI/PD supervisor (if different): (Signature) _____ (Date) _____

- INSTITUTIONAL AUTHORIZATIONS -

ORSP Director Approval: (Signature) _____ (Date) _____

Senior VP-ASA/Provost: (Signature) _____ (Date) _____

Others (if required): Please add other required signatories Educational

Technology: (Signature) _____ (Date) _____

Environmental Health and Safety Officer: (Signature) _____ (Date) _____

VP-Business and Finance/CFO (IDC cost-share approval): (Signature) _____ (Date) _____

SUBMITTED ON: _____