Lake Forest College
Grant Proposal Approval Form

Date: ____________________________

PI Name: ___________________________________________ Extension: __________

Proposal Deadline: ___________________________ Mail/Electronic: ___________________________

Sponsoring Agency: ________________________________________________________________________

Title of Proposal: __________________________________________________________________________

Amount Requested: ___________________________ New/Renewal: ___________________________

Indirect Costs or Administrative Fees: YES / NO Amount: __________________________

Matching Funds: YES / NO Institutional: _______________ Fundraising: _______________

If matching funds are required, attach a description of the nature, source, account number (if applicable), and amount of funding.

YES NO

___ ___ Is there a requirement for additional office or laboratory space? If YES, attach a description of how such arrangements will be accommodated.

___ ___ Is there an obligation of continuing support from Lake Forest College after the grant period? If YES, attach a description of how such support will be provided.

___ ___ Is your completed FCOI Disclosure form attached?

___ ___ Does the project involve the use of human subjects? If YES, attach a copy of the Human Subjects Review Committee approval or a statement certifying that the research is Exempt.

___ ___ Does the project involve the use of non-human vertebrate animals? If YES, attach a copy of the IACUC approval or a statement certifying that the research is exempt or approved.

___ ___ Does the project include a request for a reduced teaching load or leave during the academic year?

___ ___ Does the project require the creation of new faculty or administrative positions?

___ ___ Does the project include a request for the purchase of equipment? If YES, attach a description of the type of training and/or maintenance required, and the source of funding for training and/or maintenance to be provided.
Does the project contain potentially patentable ideas?

Will subcontractors or consultants be used?

Does the project include any unusual hazards not already mentioned? If YES, attach a description.

Are the most recent version of the project narrative and summary attached? (note: draft narrative and summary need only be sufficiently complete to ensure that persons reviewing the approval form understand what you are proposing)

Are the draft budget and budget justification narrative attached?

Is a copy of the official Cover Page attached?

Have you attached copies of all application forms (if any) requiring official signature?
Signature Page

Signature, Principal Investigator

__________________________________________________  Date: _____________________

By signing above, I certify that (1) the proposed project is consistent with the policies of Lake Forest College and conforms to federal and state guidelines and statutes; (2) there exists no conflict of interest; (3) I am familiar with the definitions of proper and improper scholarly conduct and agree to adhere strictly to the guidelines for scholarly conduct; (4) the statements in the proposal, with the exception of hypotheses and opinions, in this form, and in all of the attachments are true and complete; (5) the text, graphics, and any accompaniments, unless otherwise indicated, are the original work of faculty and staff who are developing this proposal; (6) I agree to accept responsibility for the proper conduct of the project; and (7) I agree to submit required progress and final reports.

Signature, Department Chair

__________________________________________________  Date: _____________________

By signing above, I certify that I have read the proposal, am aware of its implications for the Department, and will support the project to the degree (if any) stated.

Signature, Director of Grants and Sponsored Research

__________________________________________________  Date: _____________________

By signing above, I approve this proposal for submission.

Signature, Controller & Associate Vice President for Planning

__________________________________________________  Date: _____________________

By signing above, I approve this proposal for submission.

Signature, Provost and Dean of the Faculty

__________________________________________________  Date: _____________________

By signing above, I approve this proposal for submission.