

CLAREMONT McKENNA COLLEGE FEDERAL GRANT PROPOSAL REVIEW SHEET

(Keck Science investigators include a copy of your abstract. The proposal in its entirety is not required with this form.)

PI/PROJECT DIRECTOR _____ DEPT. _____ PHONE _____
SPONSOR _____ DEADLINE DATE _____
PROJECT TITLE _____
TYPE ☐ NEW ☐ RENEWAL ☐ REVISION

SUBCONTRACT ARRANGEMENTS? _____

TOTAL FUNDING REQUESTED FROM SPONSOR – Attach detailed multi-year budget

# of Years	START DATE	END DATE	DIRECT/\$	INDIRECT/\$	TOTAL

Cost share? NO ☐ YES ☐ Amount committed in budget _____ (details on back) Approved _____

CERTIFICATIONS

PERSONNEL ISSUES (provide additional details on back)

Are you requesting funds for course release time? NO ☐ If YES, details on back Dean approval _____ Date _____
Does budget include funds for new or existing staff positions? NO ☐ If YES, HR Dept signature _____ Date _____
Will any family members directly or indirectly benefit from this proposal? NO ☐ If YES, disclose relationship in proposal.

EQUIPMENT & FACILITIES ISSUES – does the proposal involve any of the following?

Funding for equipment? NO ☐ If YES, details on back Approved _____ Date _____
Special installation requirements for equipment? NO ☐ If YES, details on back Approved _____ Date _____
Funding for or extensive use of computers or software? NO ☐ If YES, details on back Approved _____ Date _____
Additional or renovated space requirements? NO ☐ If YES, details on back Approved _____ Date _____

FEDERAL CERTIFICATION REQUIREMENTS

Is PI/Project Director debarred, suspended, or otherwise excluded from covered transactions by any Federal dept. or agency? NO ☐ YES ☐
Is PI/Project Director delinquent on any federal debts? NO ☐ YES ☐
Has anyone lobbied on behalf of this proposal? NO ☐ YES ☐
Are all named participants in compliance with the College's Drug-Free Workplace Policy? NO ☐ YES ☐
Have the PI and all other investigators each filed a CMC "Significant Financial Conflict of Interest" form related to this project? NO ☐ YES ☐ (Attach required disclosure forms.)

RESEARCH ISSUES

RUI certification? NO ☐ If YES, PI is responsible for requesting letter of certification from the Dean of Faculty's office in a timely manner
human subjects? NO ☐ If YES, obtain signature IRB Chair sig. _____ Date _____
animal research? NO ☐ If YES, IACUC Protocol# _____ Chair sig. _____ Date _____
rDNA or biohazards? NO ☐ If YES, obtain signature Safety Approval _____ Date _____
radioactive materials? NO ☐ If YES, obtain signature Radiation Officer _____ Date _____
NSF proposal? NO ☐ If YES, PI assures all grant participants will engage in RCR training _____ Date _____
Signature: _____

I certify that the statements made in the attached proposal and the above certifications are true and complete to the best of my knowledge. I agree to comply with relevant federal requirements and the award terms and conditions if an award is made.

PI/PROJECT DIRECTOR DATE

The attached proposal fits the department's overall program and academic objectives. Adequate space is available or planned to conduct the project. The professional time allotted is realistic and within College guidelines.

DEAN OF KECK SCIENCE (if required) DATE

The attached proposal is consistent with the overall objectives of the College and all institutional concerns are resolved.

DEAN OF FACULTY DATE

I authorize submission of the attached proposal.

DIR BUDGETING/GRANTS ADMIN OR ASST TREASURER DATE

I authorize submission of the attached proposal.

DIRECTOR OF SPONSORED RESEARCH DATE

This form must accompany all faculty grant proposals that will be submitted for federal funding. The Principal Investigator/Project Director is responsible for obtaining the appropriate signatures. All proposals must be reviewed and authorized by the Sponsored Research Office before being submitted to the Treasurer's Office for approval and signature. If the Director of Budgeting and Grants Administration or Assistant Treasurer's signature is missing, the College may refuse to accept the grant if awarded.

COST SHARE INFORMATION

\$ _____ TOTAL COLLEGE CONTRIBUTION:

Waived Indirect \$ _____ Explain _____

Value of In-Kind \$ _____ Explain _____

TOTAL PROJECT COST:	Request from Sponsor	\$ _____	EXPLAIN COST SHARE FROM OTHER SOURCES:
	College Contribution	\$ _____	
	Third-Party (Other) ##	\$ _____	
	TOTAL PROJECT COST	\$ _____	

COURSE RELEASE DETAILS

Budgeted at approved amount? YES ☐ NO ☐ Full fringe? YES ☐ NO ☐ Full F&A? YES ☐ NO ☐ or actual rate _____

Semester course to be released _____

Notes: _____

NEW or EXISTING STAFF POSITIONS (HR can provide or verify information by email to PI or Sponsored Research Office)

☐ New position ☐ Existing Title or Staff name _____

☐ Full Time ☐ Part Time Hours per week _____ Months per year _____ Benefits: Yes ☐ No ☐

Salary/wage rate _____

Notes: _____

EQUIPMENT & COMPUTERS REQUESTED

Item	Cost	College Share	Maintenance Estimate	Maintenance Arrangements

SPACE & FACILITIES ISSUES DETAILS

Describe additional space, renovations, equipment installation, or information technology that will be needed to carry out this project (or any other facilities issues). **Indicate who at CMC has reviewed these needs with you.**

OTHER RELEVANT INFORMATION

PI Signature and Date are required for this section