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| **Grants Office Proposal Log ID #:** |
|  |
| Sponsor Deadline (date/time): |
| Submission Date to grants: |

**Proposal Pre-Approval FORM – 1A**

**This form is used to alert Directors, Department Chairs and Deans of a staff or faculty’s intent to develop a grant proposal for submission to an outside entity. It must be signed by the submitter (faculty or staff), the Director/Department Chair and Dean/Supervisor before University resources are used toward the project. Institutional Grants will not commit time to assisting with the proposal until this form is complete.**

**General Information**

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| Project Director/Principal Investigator: |
| Email: |
| Phone: |
| College: |
| Department/Center: |

**Project Information: Please provide a short description of the project, including length of time (time limited/ongoing), the estimated total budget, staff expected to work on project and percent time needed.**

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| Project Description: |
| If Proposal is in Response to a Solicitation Request (e.g., RFA, RFP), Sponsor Solicitation #  When is the due date of the proposal? |

**Commitments**

Please answer all application questions below. If unknown at this time, select TBD.

**NOTE: These questions will be confirmed with the final approval form. YES NO TBD**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Matching Funds/Cost Sharing:** Will matching funds/cost sharing be made in order to submit this proposal? |  |  |  |
| **\*Resources:** Will additional resources be needed? If so, please specify. |  |  |  |
| Library? |  |  |  |
| Computer/Technical? |  |  |  |
| Space? |  |  |  |
| **Subcontracts:** Is a subcontract to another organization planned? |  |  |  |
| **Consulting:** Are any expected key personnel on this project currently doing paid consulting work for the same sponsor that be supporting the proposed project? |  |  |  |
| **Financial Conflict of Interest:** Will this project will be supported by HHS agencies (including the NIH, CDC, and AHRQ), NSF, AHA and ACS; and all industry sponsored trials?  If yes, please note that Form-2 will be needed. |  |  |  |
| **Human Subjects:** Are human subjects involved in the project?  If yes, please note that approval will be needed from the Institutional Review Board (IRB) |  |  |  |
| **Animal Use**: Are animals involved in the project?  If yes, please note that approval may be needed from the Institutional Animal Care and Use Community. (IACUC) |  |  |  |
| **Other Commitments:** Are there other proposal commitments that have not been disclosed in this section? If Yes, please describe: |  |  |  |

**Signatures** *I/We certify that the proposed work is consistent with department, college, or center objectives and approve development of this proposal/project.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Name (typed or printed)* | *Signature* | *Date* |
| **Principal Investigator:** |  |  |  |
| **Department Chair/ Director:** |  |  |  |
| **Dean/Supervisor:** |  |  |  |
| **\*Provost or Designee:** | **Kenneth F. Newbold Jr. Ph.D.** |  |  |

\*NOTE: Provost signature needed on Form 1A only if Matching Funds/Cost Sharing or University Resources are “YES”.

**Submit form to: Cate Croteau, Director of Institutional Grants and Supportive Programs at** [**ccroteau@ben.edu**](mailto:ccroteau@ben.edu)**. FORM MUST BE SUBMITTED ONE CALENDAR MONTH PRIOR TO DEADLINE DATE .**