

**BRYN MAWR COLLEGE
PROPOSAL TRANSMITTAL AND APPROVAL FORM**

Principal Investigator:	Tel. No.	Soc. Sec. No.
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Position/Title	Department
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Type of Project Research Training Other (Specify) _____

Title of Project	<input type="checkbox"/> New Project <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal <input type="checkbox"/> Non-Competing Continuation <input type="checkbox"/> Revision
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Sponsoring Agency	Grant No. (If any)
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Funds Requested	Indirect Cost Rate	Deadline	Proposed Start Date	Duration
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Identify Space and Facilities to be used for Project (Location, Bldg., Room, etc.)

Please check each of the following:

1. YES NO Does the project involve human subjects? If yes, contact the Institutional Research Committee IRB.
2. YES NO Will additional space, facilities or renovations be required now or in the future? If yes, please explain _____
3. YES NO Is additional equipment required for the project? If yes, identify source of funds _____
4. YES NO Does the project involve participation by personnel from other departments? If so, please identify _____
5. YES NO Does the project involve animals? If so, contact the Institutional Animal Care and Use Committee.
6. YES NO Does the project involve radioactive materials or machines? If yes, contact the radiation safety officer.
7. YES NO Will any portion of the research or training be conducted off-campus?
8. YES NO Will the College be sharing in the cost of the project? If so, specify the source and amount of the funds _____
9. YES NO Are subcontracts included in this project proposal?

Approval Certifications:

1. PRINCIPAL INVESTIGATOR -- I certify that the above information is accurate and complete as of this date. I agree to accept responsibility for the scientific and technical conduct of the project and for provision of required technical reports if a grant is awarded as a result of this application.

Signature of Investigator: _____ DATE: _____

2. DEPARTMENT CHAIRPERSON -- The attached proposal is approved. It is within the total program and academic objectives of the department. Adequate space is available or planned for the conduct of the project. The professional time allocations described are realistic.

Signature of Chairperson: _____ DATE: _____

3. GRANTS ADMINISTRATOR -- This proposal has been reviewed and approved. It is consistent with the overall objectives of the College.

Signature of Grants Officer: _____ DATE: _____

Note: This form is not sent to sponsors with the proposal. It is kept on file in the Grants Office

July 2001