

Proposal Title _____

Date _____

ANTIOCH UNIVERSITY NEW ENGLAND AUTHORIZATION TO SEEK EXTERNAL FUNDING AND TRACKING DOCUMENT	
PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	CO-DIRECTOR/CO-PI /Faculty Advisor
Name: _____	Name: _____
Department: _____	Department: _____
Phone: FAX _____	Phone: _____
Email : _____	Email: _____
PROPOSAL TITLE (Complete Title) _____	
PROPOSAL DESCRIPTION: _____	
PROPOSAL STATUS <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement <input type="checkbox"/> Revision Grantor Ref/Contr.# _____ PROJECT PERIOD: Start Date ____/____/____ End Date ____/____/____ SPONSOR INFORMATION Funding Source Contact _____ Phone _____ Originating Source of funds: _____ Pass through Entity: _____ Funding Agency: _____ Funding Agency Program: _____ CFDA No: _____ Federal Only Sponsor Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Government <input type="checkbox"/> Foundation <input type="checkbox"/> Other _____ Deadline for Submitting Proposal: <u>N/A</u> ____/____/____ <input type="checkbox"/> Postmark <input type="checkbox"/> Receipt <input type="checkbox"/> Electronic Date Submitted ____/____/____ Date Awarded ____/____/____ Date Rejected ____/____/____ PROJECT TYPE <input type="checkbox"/> Research <input type="checkbox"/> Student Service <input type="checkbox"/> Public Service <input type="checkbox"/> Scholarships/Fellowships <input type="checkbox"/> Instruction <input type="checkbox"/> Academic Support <input type="checkbox"/> Other _____	
AWARD TYPE <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Cooperative Agreement	
ADMINISTRATIVE COMPONENT AMOUNT PROPOSED _____	
PLEASE CHECK EACH ITEM THAT APPLIES BELOW <input type="checkbox"/> Use of biohazards or radioactive materials <input type="checkbox"/> Use of human subjects <input type="checkbox"/> Use of vertebrate Animals <input type="checkbox"/> Subcontracts <input type="checkbox"/> Other _____	
SUPPORT OF OTHER DEPARTMENTS (include anything shown as match or in-kind) Facilities: <input type="checkbox"/> Additional space on or off campus <input type="checkbox"/> Facility alterations or renovations Human Resources: <input type="checkbox"/> Graduate Assistantships <input type="checkbox"/> New Hire of Faculty/Staff <input type="checkbox"/> Overload/Overtime Supplemental pay type: <input type="checkbox"/> Released time <input type="checkbox"/> Summer School Pay <input type="checkbox"/> Stipend or Dual Compensation (Important: Must complete "Personnel Request Form" if any boxes are checked in HR Section) Business Office/Finance: <input type="checkbox"/> Subcontracts <input type="checkbox"/> Unusual technological demands <input type="checkbox"/> Tuition/Fee Waivers (Requires completed waiver request form) <input type="checkbox"/> Indirect Requested %/\$ _____ Maximum Indirect permitted by grantor: _____ <input type="checkbox"/> Indirect cost waiver or reduction (Requires completed waiver request form) <input type="checkbox"/> In-kind Match (List&Amt) <input type="checkbox"/> External Matches: <input type="checkbox"/> ANE Matching Funds (If ANY type of match is to be provided, complete "Matching Funds Form")	

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PRINCIPAL INVESTIGATOR(S) DISCLOSURES AND ASSURANCES

By signing below, I certify that:

1) The attached proposal (i) is complete in its technical content, (ii) adheres to the rules of proper scholarship, including specifically the proper attribution and citation for all text and graphics, (iii) is in accordance with specifications established by the sponsoring agency.

2) If the attached proposal is funded by the Sponsor and accepted by Antioch University New England, I will be fully responsible for meeting the requirements of the award, including providing the proper stewardship of sponsored funds and submitting all required technical reports and deliverables on a timely basis, in accordance with Federal policy or contractual terms.

3) If the proposed activity involves the use of human subjects, human materials, vertebrate animals, biohazards, or radioactive materials, I understand it will be necessary to obtain appropriate review and approval before initiating the project.

4) Financial Integrity:

☐ I disclose "significant financial interest" related to this grant application. A letter explaining the relationship of the interest(s) to the grant application are contained in the attached sealed envelope.

☐ I have "no significant financial interest(s)" to disclose in relation to this grant application. It is my understanding that a current disclosure form with all required financial interest(s) reported must be on file with Antioch University New England. If a current Form is not on file with ANE at the time of proposal submission, I agree to submit the form immediately upon notification of the award.

5) I am not delinquent on any federal debt; I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department agency; I have not and will not lobby any federal agency on behalf of this award; I am aware of and agree to abide by the following University policies: Drug Free Work Place Policy, Conflict of Interest Policy and the Research Integrity Policy.

6) I acknowledge the Antioch University policy regarding intellectual property and sponsored research.

These statements are accurate, complete, and truthful to the best of my knowledge and belief.

PROJECT DIRECTOR DATE

CO-DIRECTOR/FACULTY ADVISOR DATE

DEPARTMENT CHAIR DATE

Signature indicates general approval of technical merit, allocation of space/resources, instructional reassignments, salary arrangements, fiscal budgeting, administrative obligations, and cognizance of any risks. Signature also verifies that all costs, including employee benefits and indirect costs are provided for and that proposed matching funds are available and can be satisfactorily documented.

APPROVALS

GRANTS OFFICE DIRECTOR

DATE

VICE PRESIDENT FOR ACADEMIC AFFAIRS

DATE

VICE PRESIDENT FOR FINANCE AND ADMINISTRATION

DATE

VICE PRESIDENT FOR INSTITUTIONAL ADVANCEMENT

DATE

PRESIDENT

DATE

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Personnel Request Form

Costs Include:

Set Amount	Credit Hours	% of time	Type of Pay	Dates of Service	Funding Source for Benefits	Employee Name (if known) And/Or Position

(Pay Types: _____)

If a grant requires personnel costs to be calculated at replacement cost at a lower level, it should be so noted.

MATCHING FUNDS FORM

Required by Grantor Agency % or \$	ANE In-Kind	ANE Cash Outlay	ANE Funding Source Dept //Cost Center	List Other Outside Sources
	\$	\$		

Funding Source Approved by: _____

INDIRECT WAIVER/REDUCTION REQUEST FORM

☐ Reduction of Indirect Cost ☐ Reduction of Tuition and/or Fees

Amount and Reason for request: _____

Vice President for Finance and Administration: _____

Vice President of Academic Affairs: _____

President: _____