

## Mercy College Office of Sponsored Programs Grant Proposal Development Review Form Instructions

*Please complete the form in its entirety and obtain necessary signatures before proceeding with development of the grant proposal.*

**Principal Investigator (PI):** Name of the full-time faculty member initiating proposal.

**Position / Title:** Position or title held at the College.

**Co-Investigator:** Person(s) working with PI to develop and implement project

**Position / Title:** Position or title held at the College.

**PI School:** Academic School in which PI works

**Co-Investigator School:** Academic School in which Co-Investigator works

**Type of Project:** Identify the type of project; indicate if the project will involve research, training, or some other means of achieving objectives.

**Name of the grant program:** Name of the program given by funder.

**Sponsoring Agency:** funder—agency, foundation, or corporation name.

**Deadline Date:** Date that proposal is due to funder for consideration.

**Project Start Date:** Date, if funded, that the project will begin.

**Duration:** For how long will the program be in place, i.e. one year, three years.

**Will the PI or Co-Investigator require release time?** If the PI or Co-Investigator requires release time from classes, indicate yes; otherwise, indicate no.

**If yes,** indicate the release time requested in the summer and academic year. One course for faculty without administrative duties is 25% of time. Summer release time is determined in terms of months, with a month considered 1/9 of time, and a maximum request of two months.

**Funds Requested, Grant:** What is the dollar amount that will be requested from the funder?

**Funds Requested, Mercy:** What is the amount the grant seeker will request from the College? Include in-kind amounts.

**Budget:** Please attach a draft budget.

**Briefly describe the proposed project:** In a one-page project summary, describe the goal of the project and what methods will be used to achieve this goal. (Please attach additional page.)

**Identify Space and Facilities to be used for the Proposed Project (Location, Building, Room, etc.):**

Describe where the project will be housed and any facilities that will be used to support the project.

**Does the Project involve human subjects?** If yes, **approval from the IRB is mandatory.** Please obtain this approval prior to submitting the Development Review Form and attach the approval to the form. Contact the Chairperson of the IRB to obtain information about IRB approval. Information is also available on the Office of Sponsored Programs' website at

<http://mercy.edu/staffaculty/irb/irbindex.htm>

**Does the project require the participation of personnel from other departments?** If personnel from other Mercy schools will be participating in the project, please indicate names and departments or divisions and the time commitment of each that will be involved.

**Will the College be sharing in the cost of the project?** If the College will be providing funds for the project, the amount and source of the funds must be indicated.

**Is equipment needed for this project?** If so, please indicate the source of the equipment as well as the funding source for the equipment.

**Benefit to the College:** Please provide a rationale of how the project will benefit the College.

**Dated signatures** of the PI, Co-PI, PI's School Dean, Co-Investigator's School Dean (if different), Provost, VP for Finance, and Compliance Officer must all be included on the form in order to indicate institutional support for the proposed project. Once all signatures are secured, please return the completed form to the Office of Sponsored Programs before proceeding with the development of the grant proposal.

**Comments:** This area is available for comments or questions regarding the proposed grant application.

**This form must be completed, and necessary signatures obtained, before proceeding with the development of a grant proposal. A copy of this form must be on file in the Office of Sponsored Programs.**

**Mercy College  
Office of Sponsored Programs  
Grant Proposal Development Review Form**

Principal Investigator: _____	Co-Investigator (if any): _____	
Position/Title: _____	Co-Investigator Position/Title: _____	
Telephone Ext: _____	Telephone Ext: _____	
PI School: _____	Co-Investigator School: _____	
Type of Project (Research, Training, Other—please specify): _____		
Name of Grant Program: _____		
Sponsoring Agency: _____		
Deadline Date: _____	Project Start Date: _____	Duration: _____
Will the PI or Co-Investigators Require Release Time:    Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, quantify:    Summer: _____ Academic Year: _____		
Funds Requested:    Grant:    \$ _____    Mercy:    \$ _____		

**Budget Request: Please attach draft of Budget**

**Proposed Project Description: Please attach one-page Project Summary**

Identify Space and Facilities to be used for the Proposed Project (Location, Building, Room, etc.):

---

1. Does the Project involve human subjects? Yes \_\_\_ No \_\_\_. If yes, contact the IRB committee to secure approval. When submitting this form, a copy of the IRB approval must be attached.

---

2. Does the project require the participation of personnel from other departments?    Yes\_\_\_    No \_\_\_. If yes, please identify and quantify time commitments.

---

3. Will the College be sharing in the cost of the project? Yes \_\_\_ No \_\_\_. If yes, specify the source and the amount of funds.

---

4. Is equipment needed for this project? Yes \_\_\_ No \_\_\_. If yes, specify the source and the amount of funds.

---

5. Please describe the Benefit to the College:

**Continue to next page for required signatures**

**Approval Certifications:**

1. Principal Investigator (PI)/ Project Director

\_\_\_\_\_  
Signature Date

2. Co-Principal Investigator (if any)

\_\_\_\_\_  
Signature Date

3. School Dean (for PI)

\_\_\_\_\_  
Signature Date

4. Additional School Dean (if any)

\_\_\_\_\_  
Signature Date

5. Provost

\_\_\_\_\_  
Signature Date

6. VP for Finance

\_\_\_\_\_  
Signature Date

7. Compliance Officer

\_\_\_\_\_  
Signature Date

8. Additional VP (as needed)

\_\_\_\_\_  
Signature Date

**Comments?**

*Please return form to the Office of Sponsored Programs when all signatures have been obtained.*