UNION COLLEGE

GRANT PROPOSAL APPROVAL FORM for PRIVATE GRANTS (GPAF-P)

This form is for Union College records and will be retained by the Grants Office. The GPAF-P and supplemental materials must be submitted to the Grants Office at **least seven working days before the proposal deadline** to allow sufficient time for review and to secure the required signatures. **Union College reserves the right to withdraw any application that has not received institutional endorsement prior to submission.** If you have any questions, please contact the Grants Office (ext. 6984).

1. Project Director(s) (Name, Department):

2. Project Title:

Research Project Type: \Box Applied \Box Basic \Box Development \Box Not applicable

- 3. Sponsor & Program:
- 4. Proposal Deadline:
- 5. Proposed Project Effective Dates:

6. Award Information: All GPAF-Ps must be accompanied by a Union College budget spreadsheet and narrative budget justification. The faculty applicant must work with the Grants Office in advance to develop a budget and narrative. The Grants Office will attach the final budget and narrative to this GPAF-P before circulating for institutional review and endorsement.

to:

Lead Institution Name (Applicable if Union College will be a sub-awardee):

Sub-Awardee Institution Name(s):

(Applicable if part of the proposed project will be carried out by another institution through a sub-contract under the Union College award. Sub-awardees must provide the Grants Office with 1) DUNS numbers, 2) a brief scope of work, 3) an itemized budget spreadsheet, 4) letter of intent to serve as a sub-awardee signed by an authorized organizational representative, and 5) a copy of their institution's negotiated indirect rate agreement. The Grants Office will attach the sub-award budget spreadsheet to this GPAF before circulating for institutional review and endorsement.)

 Budget Information (To be completed in consultation with the Grants Office. If applicable, documentation must be attached to this form confirming the commitment and source of Union College funds supporting the project.)

 Total Grant Funds Requested:
 Does sponsor limit indirects?

 Yes
 No

If yes, enter limit:

)

)

Anticipated Notification Date:

Cost-sharing (matching) is: \Box Required \Box Encouraged \Box Not required Not encouraged \Box Prohibited **Total Matching Funds Committed:**

Total Non-Matching Institutional Funds Committed:

(Applicable when cost-sharing is not required/encouraged or is prohibited, but Union College funds are necessary to support the project.)

7. Facilities, Equipment, and Other Resources (Check all that apply. Attach documentation to this form demonstrating the responsibility-area director has been informed of the proposed project's impact on resources and special considerations.)

Facilities and Equipment (Space-related requests should be made at least 2 months prior to proposal deadline):

- \square Physical space to house new equipment (If known, enter building and room number
- $\hfill\square$ Alterations/renovations to existing physical space (If known, enter building and room number
- $\hfill \mbox{ITS}$ or technician support for new equipment installation
- □ Equipment operations/maintenance beyond grant period
- □ Purchase of computer hardware, software, other
- □ Computer, website, server, system networking, cabling, other

Other Resources

 \Box Course release or other leave (Complete form: <u>https://muse.union.edu/grants/files/2017/08/CCP-8-31-17-1uhhsjj.pdf</u>) Union College Faculty Manual, Section II – <u>Faculty Appointments, Tenure, Promotion, Leaves</u>

□ Department administrative/clerical support

 $\hfill\square$ Office, computer, phone for new personnel hired through grant funds

□ Schaffer Library – Inter-library loan, fee based database usage, etc.

 \Box Other, please describe:

□ None: this project will not impact Union College facilities, equipment, or other resources

8. Project Director Certification

I certify that the information above is true and complete to the best of my knowledge. I agree to accept responsibility for project programmatic and fiscal conduct in accordance with the sponsor and Union College guidelines and will provide all reports required by the sponsor and Union College on or before their due date.

		Date	Co-PD Signature		Date
Co-PD Signature		Date	Co-PD Signature		Date
9. Department Approval					
By signing, the individual belo	ow is confirming they h	nave reviewed the	is form and any attached materials		
By signing, the individual belo	ow is endorsing the sub	omission of this p	roposal on behalf of Union Colleg	ge.	
CHAIR Printed Name	Signature	Date			
10. Grants Office Approval					
	ow is confirming they h	have reviewed the	is form and any attached materials		
	•••		roposal on behalf of Union Colleg		
Dy signing, the marriadar oex	swis endoronig the sub	initiation of this p			
GRANTS Printed Name	Signature	Date			
	Signature	Date			
11. Institutional Approvals	C		this form and any attached materia	ıls.	
11. Institutional Approvals By signing, the individuals bel	low are confirming they	y have reviewed	this form and any attached materia s proposal on behalf of Union Coll		
11. Institutional Approvals By signing, the individuals bel	low are confirming they	y have reviewed	s proposal on behalf of Union Coll Heidi Whitney		
11. Institutional Approvals By signing, the individuals bel By signing, the individuals bel	low are confirming they	y have reviewed	s proposal on behalf of Union Coll		Date
11. Institutional Approvals By signing, the individuals bel By signing, the individuals bel Jennifer Fredricks	low are confirming they low are endorsing the s	y have reviewed ubmission of this	s proposal on behalf of Union Coll Heidi Whitney	ege.	Date
11. Institutional Approvals By signing, the individuals bel By signing, the individuals bel Jennifer Fredricks DADP Printed Name	low are confirming they low are endorsing the s	y have reviewed ubmission of this	s proposal on behalf of Union Coll Heidi Whitney	ege.	Date

Interim Vice President for Academic Affairs and Dean of the Faculty

Michele Angrist

Signature