

**UNION COLLEGE**  
**GRANT PROPOSAL APPROVAL FORM FOR FELLOWSHIPS (GPAF-F)**

This form is for Union College records and will be retained by the Grants Office. The GPAF-F 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. If you have any questions, please contact the Grants Office (ext. 6984).

**1. Faculty Name, Department:**

**2. Project Title:**

**3. Sponsor & Program:**

**4. Application Deadline:**

**Anticipated Notification Date:**

**5. Proposed Fellowship Effective Dates:**

to:

**6. Complete and Attach a Course Coverage Plan** to explain how the fellowship period relates to any sabbatical leave and teaching commitments: ([https://www.union.edu/sites/default/files/grants/202309/course-coverage-plan-20230913\\_0.pdf](https://www.union.edu/sites/default/files/grants/202309/course-coverage-plan-20230913_0.pdf))

**7. Award Information:**

**Total Award:**

**Is this Considered a Prestigious Award?**  Yes  No

**a. If you answered yes**, please use the space below to describe the prestigious nature of this award (such as funding/success rate, significance to your field of research, how the award will bring favorable notice to Union College, etc.)

**b. For prestigious awards**, faculty may apply to the Dean of the Faculty for a salary supplement per the “Leaves of Absence for Winners of Prestigious Grants” policy statement in the Union College Faculty Manual, see Section II:

[Faculty Appointments, Tenure, Promotion, Leaves](#)

**8. 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.)

- Purchase of computer hardware, software, other
- Computer, website, server, system networking, cabling, other
- Course release or other leave (Complete [Course Coverage Plan](#))
- Continuation of College benefits (Union College Faculty Manual, see Section II: [Faculty Appointments, Tenure, Promotion, Leaves](#))
- Continued use of College office/laboratory
- Department administrative/clerk support
- Schaffer Library – Inter-library loan, fee based database usage, etc.
- Other, please describe:
- None: this project will not impact Union College facilities, equipment, or other resources

**9. Faculty Certifications**

*I certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.*

*I certify that I and all named project participants are compliant with Union College’s Drug-Free Workplace Policy found in the Faculty Manual, Section V <https://www.union.edu/academic-affairs/faculty-governance-committees/union-college-faculty-manual>*

*I certify that I have reviewed and will comply with policies related to Financial Conflict of Interest (FCOI). If a potential FCOI related to this proposal exists, submit a completed a completed FCOI Disclosure Form to the Grants Office. If applicable, the Grants Office may request a FCOI Disclosure Form from other project participants responsible for the design, conduct, or reporting of the research.*

<https://union-college.formstack.com/workflows/fcoi>

*I certify that the information and certifications provided above are 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.*

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

**10. Department Approval**

By signing, the individuals below are confirming they have reviewed this form and any attached materials.

By signing, the individuals below are endorsing the submission of this proposal on behalf of Union College.

\_\_\_\_\_  
CHAIR Printed Name Signature Date

**11. Grants Office Approval**

By signing, the individual below is confirming they have reviewed this form and any attached materials.

By signing, the individual below is endorsing the submission of this proposal on behalf of Union College.

\_\_\_\_\_  
GRANTS Printed Name Signature Date

**12. Institutional Approvals**

By signing, the individuals below are confirming they have reviewed this form and any attached materials.

By signing, the individuals below are endorsing the submission of this proposal on behalf of Union College.

Kara Doyle  
\_\_\_\_\_  
DADP Printed Name Signature Date

Rachael Siegelman  
\_\_\_\_\_  
FINANCE Printed Name Signature Date

Greta Donato  
\_\_\_\_\_  
AVP AP&O Printed Name Signature Date

\_\_\_\_\_  
Other Area Printed Name Signature Date

\_\_\_\_\_  
Other Area Printed Name Signature Date

\_\_\_\_\_  
Other Area Printed Name Signature Date

**13. Authorized Organizational Representative (AOR) Approval to Submit**

By signing, the AOR is endorsing the submission of this proposal and is delegating authorization to submit to Union’s Grant Office on behalf of the College.

Michele Angrist  
\_\_\_\_\_  
Vice President for Academic Affairs and Dean of the Faculty Signature Date