



Proposal Number
OSP Use Only

External Grant Routing & Approval Form

APPLICATION DATA

Title of Proposal:

Proposed Start Date:

Proposed End Date:

Sponsor/Agency Name:

Name of Program Within Sponsor:

INVESTIGATOR DATA

Include Data for Elon Faculty or Staff Only: Collaborators not employed by Elon should not be listed:

Principal Investigator: Last:

First:

Email:

Campus Box:

Campus Phone:

Dept:

Co-PI: Last:

First:

Dept:

Email:

Co-PI: Last:

First:

Dept:

Email:

Co-PI: Last:

First:

Dept:

Email:

PROPOSAL DATA

Project Type (Select One) <input type="checkbox"/> New <input type="checkbox"/> Continuation	Category of Project (Select One) <input type="checkbox"/> Research Applied <input type="checkbox"/> Instruction <input type="checkbox"/> Research Basic <input type="checkbox"/> Other <input type="checkbox"/> Public Service	Sponsor Type (Select One) <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> Federal Flow-through <input type="checkbox"/> State <input type="checkbox"/> International
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PROJECT DATA

Human Subjects:

Yes No

Animal Subjects:

Yes No

Approval Date:

IRB Protocol #:

Approval by: _____

Approval Pending
Date submitted: _____

Application to be submitted
Allow 2 weeks for IRB review & approval

Approval Pending
Date submitted: _____

Submitted to: _____
Application to be submitted to: _____

Curricular Implications:

Does the project involve the development of a new minor or major, program, or permanent course offering?

Yes No

Subaward/Subcontract/Subagreement:

Will an external institution perform or contribute to a portion of the proposed project?

Yes No

If yes, name of collaborating institution:

CONFLICT OF FINANCIAL INTEREST CERTIFICATION

Questions: Contact OSP Director – bbruno2@elon.edu

I have read and understand Elon's Financial Conflict of Interest Policy:

Yes No

I hereby certify that neither I, nor any member of my household or any persons receiving funding from this grant, received remuneration in the twelve months preceding the disclosure and the value of any equity as of the date of disclosure, when aggregated, does not exceed \$5,000. I also certify that neither I, nor any member of my household or any persons receiving funding from this grant, are affiliated with the above sponsors in any way that will hinder the ability to fulfill obligations to Elon, its students, faculty, and staff.

Yes, I certify the above No, I CANNOT certify the above

If you answered "No" to the conflict of financial interest certification, please explain on a separate page.

INTELLECTUAL PROPERTY

- This project involves material which may result in a patent or copyright.
- This project involves material which should be labeled "proprietary information."
- This project involves Export Controls.

REQUESTED FUNDS

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Agency Funds Requested						
F&A Funds Requested						
Total Requested						

DETAILED COST SHARE/MATCH

Does the grant require cost share/match? Yes No
If yes, please complete a Cost Sharing Authorization Form and have it signed by the budget manager.

EFFORT REPORTING

How much summer effort are you requesting in this submission?
Do you have effort on any other current awards? If so, how much? Yes No
Note: 100% of summer effort = 10 weeks or 2.5 months.

COMMENTS

SIGNATURES

INVESTIGATOR(S) CERTIFICATION: My signature below certifies that 1) the information submitted within the application is true, accurate, and complete, to the best of my knowledge; 2) I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; 3) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application; 4) If an award is made, I am responsible for compliance with award terms and conditions and university policies and procedures; particularly for the technical conduct of the work, submission of technical reports, regulatory compliance and financial management; 5) I am aware of federal requirements on lobbying. I am in compliance and have disclosed lobbying activity, if applicable; 6) I am NOT debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency; 7) I am NOT delinquent on any federal debt, such as taxes, student loans, etc. As a condition of acceptance of this award, the PI understands and agrees that the sponsor will be promptly notified if (1) the PI is placed on administrative leave while under investigation for a possible violation of Elon's Discrimination, Harassment and Sexual Misconduct Policy and/or (2) if the PI is found responsible for violating Elon's Discrimination, Harassment and Sexual Misconduct Policy.

Principal Investigator/Project Director (Signature Required)

Co-Investigator/Director (Signature Required) Date

Title Date

Co-Investigator /Director (Signature Required) Date

Co-Investigator /Director (Signature Required) Date

ADMINISTRATIVE APPROVALS: the officials whose signatures appear below have examined the attached proposal. The principal academic review of the proposal is the responsibility of the Department/Division/Center and School/College. These signatures indicate that the signers are familiar with the proposal, are satisfied with and are responsible for all commitments in the proposal as they relate to their areas/space/personnel/financial/etc.

Department Chair/Supervisor Date

Department Chair /Supervisor (if applicable) Date

Director/Assistant Director Date
Office of Sponsored Programs