



Proposal Number

OSP Use Only

External Grant Submission Authorization Form

APPLICATION DATA

Working Title of Proposal:

Proposed Start Date:

Proposed End Date:

Sponsor/Agency Name:

Name of Program Within Sponsor (if applicable):

INVESTIGATOR/DIRECTOR DATA

Principal Investigator/Project Director: Last:

First:

Dept:

List Co-PIs below. If from a different institution, please list institution after department.

Co-PI: Last:

First:

Dept:

External inst:

Co-PI: Last:

First:

Dept:

External inst:

Co-PI: Last:

First:

Dept:

External inst:

PROPOSAL DATA

Project Type:
(Select One)

New

Continuation

Category of Project:
(Select One)

Research Applied

Instruction

Research Basic

Other

Public Service

Sponsor Type:
(Select One)

Federal

Private

Federal Flow-through

State

International

PROJECT DATA

Does this project require reassigned time?

Yes

No

If yes, what is the number of reassigned times per year for each
Elon investigator on the project?

List them here:

Please describe any curricular implications of this project? (For example: development of a new minor or major, program, permanent course offering or course transfer agreements with another institution)

Subaward/Subcontract/Subagreement:

For this project, will funding be coming to Elon from another institution?

Yes

No

If yes, name the institution:

Will funding be distributed from Elon to another institution?

Yes

No

If yes, name the institution: _____

Human Subjects:

Yes

No

Animal Subjects:

Yes

No

Approval date:

IRB Protocol #:

Approval by: _____

Approval Pending; Date submitted: _____

Approval Pending

Date submitted: _____

Application to be submitted

Allow 2 weeks for IRB review & approval

Submitted to: _____

Application to be submitted to: _____

