

**External Grant Submission Authorization Form** 

Proposal Number

OSP Use Only

	APPLIC	CATION DATA				
Working Title of Proposal:						
Proposed Start Date: Proposed End Date:						
Sponsor/Agency Name:						
Name of Program Within Sponsor (if applicable):						
	INVESTIGATO	<b>DR/DIRECTOR DA</b>	TA			
Principal Investigator/Project Direct	or: 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: Fire	-		External inst:			
		OSAL DATA				
Project Type: ( <i>Select One</i> )		ry of Project: <i>ect One</i> )	Sponsor Type: (Select One)			
New Continuation	<b>Research Applied</b>	Instruction	Federal	Private		
	<b>Research Basic</b>	Other	Federal Flow-through	State		
	Public Service		International			
Does this project require reassigned		JECT DATA	number of reassigned times per	voor for ooch		
Does this project require reassigned		Elon investigator		year for each		
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:       If yes, name the institution:         For this project, will funding be coming to Elon from another institution?       Yes       No						
Will funding be distributed from Elon to another institution? Yes No If yes, name the institution:						
Human Subjects:     Animal Subjects:       Yes     No						
Approval date:   IRB Protocol #:   Approval by:						
Approval Pending; Date submitted: Approval Pending Date submitted:						
Application to be submitted Submitted to:						
Allow 2 weeks for IRB review & approval       Application to be submitted to:						

CONFLICT OF FINANCIAL INTEREST CERTIFICATION Questions? Contact OSP Director: dclar@elon.edu							
I have read and und	lerstand Elon's Finar	ncial Conflict of Int	erest 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. If you answered "No" to the conflict of financial interest certification, please explain on a separate page.							
II you answered "IN	o" to the conflict of		LLECTUAL P			page.	
This project i	nvolves material wh			-			
This project i	nvolves material wh	ich should be label	ed "proprietary i	nformation	1."		
This project i	nvolves Export Con	trols.					
		R	EQUESTED 1	FUNDS			
	Year 1	Year 2	Year 3		Year 4	Year 5	TOTAL
Agency Funds Requested F&A(Indirect) Funds Requested							
Total Requested							
			ED COST SH	ARE/MA	ТСН		
Does this grant requ	uire cost share/match	n? Yes	No				
If yes, please comp	lete a Cost Sharing A	Authorization Form	and have it sign	ed by the b	oudget manag	ger. Request the form	from OSP.
		EF	FORT REPO		0 0	1	
How much summe	er effort are you rec	luesting in this sub	omission?				
Do you have effort on any other current awards? Yes No If so, how much? Note: 100% of summer effort = 10 weeks or 2.5 months. For NSF, only 2 months is allowed.							
			COMMEN				
SIGNATURES							
<b>INVESTIGATOR(S) CERTFICATION:</b> 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 (Sigr	ature Required)		Co-Investi	gator/Director	(Signature Required)	Date
Title		Date		Co-Investi	gator /Director	(Signature Required)	Date
C				Co-Invest	gator /Directo	r (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 ( <b>if applicable</b> )	Date				

Date

Director/Assistant Director Office of Sponsored Programs