

External Grant Approval Checklist

Please complete this form

Title of Project			
Name of Funding Opportunity			
Grant Agency			
Contact Name		Title	
Address		Email	
Phone		Website	
Principal Investigator		Co-PI(s)	
Sponsoring Acaden			

Please select either <u>Preliminary</u> or <u>Full Proposal</u> below and complete the appropriate section.

□Preliminary Proposal Due *		Full Proposal Da	te	
Attachments	□Project Abstract (req)	Estimated Budget Amount		
□Full Proposal Due *		Est. Notification Date		
Start Date		End Date		
Attachments	□Project Abstract (req)	□Full Proposal	□Bud	get (req) \$

Subcontracts will be necessary for this project \Box Yes \Box No If yes, please complete the following

Subcontractor Organization #1					
Contact Name		Title			
Address		Email			
Phone		Website			
Briefly describe work to be covered by subcontract.					
Subcontractor Organization #2					
Contact Name		Title			
Address		Email			
Phone		Website			
Briefly describe work to be covered by subcontract.					

*This form **must** be <u>completed and approved</u> by all parties 10 days before the grant deadline date. Allow three weeks (21 days) for this form to circulate to the required staff, for adequate review and processing time.

Students and/or post-doctoral positions will be conducting research? Uyes** Ino

CLEARANCES

Subject or Substance Clearances Required:					
	Human subjects	□yes	□no		
	Animal subjects	□yes	□no		
	Potential biohazards	□yes	□no		
	(viruses, recombinant DNA, etc.)				
	Chemical hazards	□yes	□no		
	Physical hazards	□yes	□no		
Organizational r	requirements for funding:				
	Building alterations required	□yes	□no		
	New equipment to be purchased by Rhodes	□yes	□no		
	Equipment installation	□yes	□no		
	Special maintenance	□yes	□no		
	Curriculum changes	□yes	□no		
	New personnel +	□yes	□no		
Departmental b	udget commitments:				
	Faculty release time during academic year	□yes	□no		
	Matching funds required	□yes	□no		
	Service contracts	□yes	□no		
	Laboratory supplies	□yes	□no		
	Other items to be budgeted	□yes	□no		
Facility usage:					
	Are there any needs during this project for classroom, laboratory,				
	auditorium, conference room, or public spaces which need to be reserved				
	through the Registrar, Provost, Meeman Center for Lifelong Learning, Campus Scheduling/College Events, or Department Chair?				
	Scheduning/ Conege Events, or Department Chair	r □yes	□no		
		in yes			

Attach or type here an explanation for any clearances answered YES above.

CONFLICTS OF INTEREST

Does any participating investigator have any equity interest in the sponsor, collaborating organization, or other organization having a financial interest in products or services that are a subject of the proposed project? \Box yes \Box no

Do any participating faculty, staff or students have a royalty, equity, or other potential conflict of interest (e.g. consulting, family interests, line management responsibilities, etc.) in the sponsor, subcontractor, vendor or other organization having financial interest in products or services which are a subject of the proposed research? \Box yes \Box no

** All students and postdocs must receive training on the Responsible Conduct of Research prior to beginning work in the lab. See the Rhodes College Policy on the Responsible Conduct of Research for more details.

+ All new personnel requests must be approved in writing by Chief Human Resources Officer Claire Shapiro.