

Grant Authorization Form

The purpose of this form is to summarize for internal reviewers all information pertinent to a grant proposal. It is the authorizing document that approves a grant application submission to an external sponsor. The Grant Authorization Form is for internal use only and should not be submitted to the sponsor. Complete this form seven business days before the application deadline. Contact GSRD at x2460 with questions.

PROJECT INFORMATION

Project Title _____

Sponsor _____

Project Period _____ **Due Date** _____ **CFDA #** _____

Sponsor Type _____ **Project Type** _____ **Submission Type** _____ **Submission Portal** _____

Principal Investigator _____ **College/Division** _____

Email _____ **Phone** _____ **Department/Office** _____

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Email _____ **Phone** _____ **Department/Office** _____

PROJECT QUESTIONS

Will you be collaborating with another institution?

If yes, is Winthrop University the lead institution?

Institution _____ **Contact Person/Number** _____

Are the grant funds being passed through to the sponsor listed above from another agency (prime)?

Name of prime _____

Will this project require new or renovated space/facilities?

If yes, describe needed resources and give the source of funding if other than requested in this proposal.

Will there be additional IT resources (e.g., additional servers, data storage, programming, etc.) above that currently provided by the department?

If yes, describe needed resources and how they will be funded.

Will this project result in the development or creation of intellectual property (product, process, or idea resulting from scholarly or creative activity regardless of whether it is eligible for protection under provision of copyright, patent, or trademark law)?

If yes, complete the Intellectual Property Rights Policy Form, attach, and submit for approval.

BUDGET

BUDGET			
	1st Year Budget	Total Budget	
Grant Funds Requested			
Winthrop Cash Match			Is there a required cash match? If yes, please state the amount:
Winthrop In-Kind Match			Is there a required in-kind match? If yes, please describe:
Other Cash Match			Describe:
Other In-Kind Match			Describe:
Total Budget			Indirect Cost Rate (if other than University negotiated rate):

Is there a subaward(s) on this grant?

Institution(s)/Amount _____

Will the University be required to purchase any new equipment or incur equipment installation costs that are not covered in the project budget in order to conduct this project?

If yes, explain:

Is there an obligation to continue this project, including the provision of space, after the grant funding has ended?

If yes, explain below how the continuation will be funded.

Procurement Card Liaison

Name: _____

Project Location

Winthrop University

Other _____

Winthrop ID #:

PROJECT PERSONNEL

List all personnel (current employees and new positions) who have effort and/or will be paid on this grant. Attach a separate sheet if necessary.

Name and Role	CWID#	% Effort	Dual Employ Salary + FB	Summer Salary + FB	Source of Funding (Grant, Winthrop, Other)

COMPLIANCE CERTIFICATIONS

Will this project involve research with human subjects?

IRB Protocol # _____ IRB Approval Date: _____ Exemption Date: _____

Pending IRB Approval

Will this project involve research with live vertebrate animals?

IACUC Protocol # _____ IACUC Approval Date: _____

Pending IACUC Approval

Will this project involve the use of biohazardous materials?

Biosafety Protocol # _____ Biosafety Approval Date: _____

Pending Biosafety Approval

FINANCIAL DISCLOSURE

Do any of the project personnel, their spouse, dependent children or any staff member associated with this project have any financial interest related to the work to be conducted under this sponsored project?

If yes, complete and attach the Disclosure of Financial Interest for Sponsored Projects Form for each individual with a financial interest.

Please send the completed form and application to GSRD for review and set-up for e-signature approval in Adobe Sign.

Approvals

- Budgets for \$25,000 or less with no course re-assigned time and no matching/cost-share requirements: Department Chair, Dean, and GSRD
- Budgets over \$25,000 and/or including course re-assigned time and mandatory cost-share balances must be approved by the Department Chair, Dean, and GSRD, Vice President, and Provost

SIGNATURES

Principal Investigator _____ Date _____

Principal Investigator _____ Date _____

Principal Investigator _____ Date _____

Department Chair _____ Date _____

Department Chair _____ Date _____

Department Chair _____ Date _____

Dean _____ Date _____

Dean _____ Date _____

Dean _____ Date _____

VP for _____ Date _____

VP for _____ Date _____

Provost _____ Date _____

GSRD _____ Date _____