



Proposal Clearance Form For grant applications to external sponsors

Sponsored Programs is responsible for submitting all research and program grant applications to external sponsors. In an effort to better assist you with your proposal and ensure the appropriate administrative approvals are in place, please complete the following form at least 15 working days before the proposal is due. Completed forms (signed by the principal investigator/project director and department chair) can be sent to Erica Swift at swift@augsborg.edu or CB142.

Project Information

Date: _____ Proposal Type: _____ Submission Deadline: _____

Principal Investigator (PI)/Project Director (PD): _____

Project Personnel: _____	Role: _____
_____	Role: _____
_____	Role: _____
_____	Role: _____

Project period: _____ to _____ Estimated Total Funding Needed: \$ _____

Sponsor/Funding Source(s)*: _____

**If a funding opportunity has been identified, attach funding announcement, request for proposal, or link to sponsor website.*

Project title: _____

Project Description (2-3 sentences): _____

Proposal Attributes

Does this proposal:

Involve human subjects? Yes* No
*If yes, indicate IRB approval status: Exempt Pending Approved on _____

Involve vertebrate animals? Yes* No
*If yes, indicate IACUC approval status: Pending Approved on _____

Involve external collaborators (universities, corporations, consultants, etc)? Yes* No
*If yes, identify each collaborator and their role on the project.

Collaborator 1: _____	Role: _____
Collaborator 2: _____	Role: _____
Collaborator 3: _____	Role: _____

Require release time? Yes* No
*If yes, list the release time requested per semester for *each* individual needing release time and complete the *Faculty Course Release/Stipend Request* Form:

Require matching funds/cost sharing? Yes* (*requires CFO approval*) No
*If yes, identify the proposed source of matching funds:

Increase faculty or staff time in your department? Yes (*requires CFO approval*) No

Commit Augsburg to additional costs during or beyond the grant period (e.g. salary)? Yes (*requires CFO approval*) No

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Require additional computers or other equipment? Yes* No

*If yes, please specify:

Will the purchase require staff/technical support from Augsburg IT services? Yes* No

*If yes, please specify:

Conflict of Interest

Please review Augsburg College’s policy on *conflict of interest* (in the employee handbook) and answer the following:

Do you have a significant financial interest to disclose with regards to this submission? Yes* No

Do other study personnel at Augsburg have a significant financial interest to disclose? Yes* No

*If yes, contact the Director of Sponsored Programs for disclosure instructions.

Assurances

Principal Investigator/Project Director | My signature below certifies that: 1) the information submitted within the application is true, complete and accurate to the best of my knowledge; 2) 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 4) I agree to provide the required progress reports if a grant award results from the application.

Principal Investigator/Project Director Signature

Name

Date

Department Chair | My signature below certifies that I have reviewed this application and approve all of the following, as applicable: 1) faculty and/or staff time commitments; 2) cost-share or matching commitments (see proposal attributes); 3) use of university facilities; 4) required facility modification or remodeling; and 5) overall cost of equipment to be purchased, including shipping, set-up, and maintenance.

Department Chair Signature

Name

Date

Dean/ Vice President | My signature certifies I have reviewed this application and have confirmed that the project's activities are consistent with the mission of the college. It also confirms that adequate support and resources will be available in the event of an award.

Dean/Vice President Signature

Name

Date

CFO | My signature certifies I have reviewed this application and approve, as applicable: 1) increased faculty and/or staff time commitments; 2) cost-share or matching commitments; and 3) additional costs beyond grant period.

CFO Signature **if applicable

Name

Date