

EXTERNAL GRANTS APPROVAL FORM

Principle Investigator: _____

Telephone: _____ Email Address: _____

Department: _____

Sponsor: _____

Proposal Title: _____

Proposed Budget: _____ Cost Sharing: _____

Submission Deadline Date: _____ Proposed Start Date: _____ Proposed End Date: _____

Federally Funded: Yes ___ No ___ Conflict Of Interest Form Filed Date: _____

Type of Application: ___ New ___ Renewal ___ Resubmission

Performance Site: _____

Does This Proposal Require Release Time: YES: _____ NO: _____

Project Summary:

I AGREE TO ABIDE BY THE POLICIES OF MORRISVILLE STATE COLLEGE, SUNY AND THE RESEARCH FOUNDATION OF SUNY IN THE PERFORMANCE OF THIS POLICY. I UNDERSTAND THE PROPOSED USE OF HUMAN SUBJECTS, HUMAN MATERIALS, VERTEBRATE ANIMALS AND HAZARDOUS SUBSTANCES REQUIRE APPROPRIATE IRB AND IACUC REVIEW AND APPROVAL PRIOR TO INVOLVING THEM IN THIS PROJECT.

IN ADDITION, THE PRINCIPLE INVESTIGATOR ASSURES:

1. THAT THE INFORMATION ENTERED IN THIS REQUEST IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF THE PI'S KNOWLEDGE.
2. THAT ANY FALSE, FICTITIOUS, OR FALSE STATEMENT OR CLAIMS MAY SUBJECT THE PI TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.
3. THE PI AGREE TO ACCEPT RESPONSIBILITY FOR THE CONDUCT OF THE PROJECT AND TO PROVIDE THE REQUIRED PROGRESS REPORTS IF A GRANT IS AWARDED AS A RESULT OF THE APPLICATION.

DATE

SIGNATURE, PRINCIPLE INVESTIGATOR

DATE

SIGNATURE, DEAN OR SUPERVISOR

I HAVE REVIEWED THIS PROPOSAL REQUEST AND FIND IT CONSISTENT WITH MORRISVILLE STATE COLLEGE STRATEGIC PLAN AND INSTITUTIONAL POLICIES. I APPROVE THE SUBMISSION OF THE PROPOSAL TO THE SPONSOR.

DATE

SIGNATURE, VICE PRESIDENT FOR ADMINISTRATION

DATE

SIGNATURE, PROVOST

DATE

SIGNATURE, PRESIDENT

Funding Account: MAC: ____ IFR: ____ STATE: ____ RF ____

This Proposal Was Disapproved Because:

DATE

SIGNATURE, VICE PRESIDENT FOR ADMINISTRATION

DATE

SIGNATURE, PROVOST

DATE

SIGNATURE, PRESIDENT