**CHECKLIST for EXTERNAL GRANT REQUESTS**

*(To be completed prior to grant submittal and filed with copy of proposal.)*

**Proposal Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funding Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***NOTE: By signing this form, you are agreeing that you approve this proposal for submission.***

I approve this proposal. If the project is funded, I will conduct and manage the project as described in the

grant proposal. I have secured input from all proposed project staff members and reviewed the completed

application with them. Systems are planned or in place to generate the data and reports as specified. I have no right to and will make no claim on the intellectual property created through the activities of this grant.

**Project Initiator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I approve this proposal. The amount of effort committed by faculty and/or staff is reasonable and

compatible with other duties.

**Department Head**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Division Chair**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The application meets the guidelines specified and will meet the required deadline of \_\_\_\_\_\_\_\_\_\_\_\_.

**Special Assistant to the President** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

If proposal involves human subjects, I approve this proposal. The research protocol complies with government requirements and with assurances filed by the institution.

**Director of Institutional Effectiveness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**(Institutional Review Board)**

We have reviewed and approve the budget this proposal, and it meets the following criteria:

* All direct costs are covered.
* Provisions for increments, including personnel costs, are calculated for future years.
* Indirect costs are identified, applied and appropriately budgeted.
* The proposed project complies with occupational safety and health laws.
* Any and all security restrictions comply with institutional policy.
* The proposed activity posts no special property, liability or other insurance questions.
* Commitments for continuation of the grant funded activity beyond the life of the grant are planned and adequately budgeted.

**Controller or Business Office Manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vice President for Administrative Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(ONLY APPROPRIATE V.P.s FOR PROGRAM AREA ARE REQUIRED TO SIGN)**

**Vice President for Administrative Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Vice President for Instructional Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Vice President for Workforce Development and Continuing Education**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Vice President for Student Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Vice President for Institutional Advancement**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(COLLEGE PRESIDENT MUST SIGN OFF ON ALL SUBMITTED EXTERNAL GRANTS)**