

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** _____

Associate Dean _____ **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)