



HOBART AND WILLIAM SMITH COLLEGES



Grant Proposal Authorization Form

INSTRUCTIONS

Contact the Grants Office to discuss your project.

Complete this form for all proposals submitted to external organizations for support of research, scholarly activities or other projects that can result in a contract, grant, or other agreement with Hobart and William Smith Colleges and its faculty.

Contact the following campus offices that are responsible to provide assistance or support to the funded project. Appropriate internal academic and administrative approval is required.

- Human Resources: For any proposal budget that includes salary, wage or stipend--including students or research assistants.
- Information Technology: For all proposals. IT staff will work with the applicant to determine any services needed.
- Provost's Office: For all proposals. This assures the Colleges' approval and commitment to the project.

Submit completed form, proposal narrative (draft) and budget to the Grants Office. As the Colleges' authorized representatives for most funding agencies, the staff of the Grants Office require the receipt of a completed proposal authorization form prior to submitting any proposal.

A COMPLETED PROPOSAL AUTHORIZATION FORM, INCLUDING ALL REQUIRED SIGNATURES, IS DUE TO THE GRANTS OFFICE NO LATER THAN THREE DAYS PRIOR TO THE APPLICATION DEADLINE.

APPLICANT INFORMATION

APPLICANT NAME _____		DEPARTMENT/PROGRAM _____
PROJECT TITLE _____		
FUNDING ORGANIZATION (AND PROGRAM, IF APPLICABLE) _____		
TOTAL PROJECT COST \$ _____	SUPPORT REQUESTED OF FUNDING ORGANIZATION \$ _____	PROPOSED PROJECT START AND END DATES _____ -- _____
SUBMISSION DEADLINE _____	PROPOSAL TYPE <input type="checkbox"/> NEW <input type="checkbox"/> REVISION/RESUBMISSION	ORIGINAL SUBMISSION DATE (IF REVISION/RESUBMISSION) _____
DOES THIS PROJECT INVOLVE HUMAN SUBJECTS RESEARCH? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, note that you may be required to seek review and approval from the Human Subjects IRB.</i>		DOES THIS PROJECT INVOLVE LIVING NON-HUMAN ANIMAL SUBJECTS RESEARCH? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, note that you may be required to seek review and approval from the IACUC.</i>

SUBCONTRACT INFORMATION

DOES THIS PROJECT INVOLVE A SUBCONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSTITUTION AND CONTACT INFORMATION
<input type="checkbox"/> HWS is the Lead Institution	Institution:
<input type="checkbox"/> HWS is the Sub	Co-PI/Contact:
	Address:
	Telephone: _____ E-mail: _____

BUDGET REQUIREMENTS: CHECK EACH ITEM AS IT APPLIES TO YOUR PROPOSAL AND EXPLAIN WHERE APPROPRIATE.

1. Matching Funds and In-kind Contributions Requirements:
<input type="checkbox"/> No matching funds or Colleges' contribution are required for this project.

<input type="checkbox"/>	Matching funds or Colleges' contribution are required in the amount of \$ _____ Purpose of matching funds: _____ Source of matching funds: _____
<input type="checkbox"/>	No in-kind contributions are required for this project.
<input type="checkbox"/>	In-kind contributions are required in the amount of \$ _____ Source of in-kind contribution: _____

2. Personnel Requirements:	
<input type="checkbox"/>	No faculty release time is required for this project.
<input type="checkbox"/>	Faculty release time is required as follows: _____
<input type="checkbox"/>	No additional staffing is required for this project.
<input type="checkbox"/>	Required assistance can be provided by present department personnel at no increase in departmental wages or salary budget, and without overtime charges.
<input type="checkbox"/>	Funds for all personnel participating in the project are included in the proposal budget, including secretarial assistance, student wages, etc.
<input type="checkbox"/>	Additional personnel must be hired for this project, as follows: _____

3. Facilities, Equipment, and Information Technology Requirements:	
<input type="checkbox"/>	No additional laboratory or office space is required by the project.
<input type="checkbox"/>	Present space is inadequate. Additional space will be required, as follows: _____
<input type="checkbox"/>	No equipment is required for this project.
<input type="checkbox"/>	All equipment required for this project is currently available in the department or can be borrowed from another department at no cost.
<input type="checkbox"/>	Funds for purchase or lease of new equipment or software required are included in the budget.
<input type="checkbox"/>	The Colleges will be expected to purchase or lease equipment (see 1. Matching Funds for details).
<input type="checkbox"/>	The Colleges will be expected at a future date to replace or update equipment/software (see 5. HWS Commitment for details).
<input type="checkbox"/>	<i>Information Technology Services must review the project and budget prior to completing this box to determine any required services or support.</i> <input type="checkbox"/> Help Desk/Technician <input type="checkbox"/> Network Storage <input type="checkbox"/> Developer (Web, video, etc.) <input type="checkbox"/> Procurement <input type="checkbox"/> Training <input type="checkbox"/> Other: _____

4. Indirect Cost or Overhead Calculation Used:	
<input type="checkbox"/>	HWS's federally negotiated rate of 70.0% applied to all salaries and wages, not including fringe benefits.
<input type="checkbox"/>	Funding organization restricted rate of __ %, applied to : _____
<input type="checkbox"/>	No overhead is authorized by funding organization.
<input type="checkbox"/>	Other, as follows: _____

5. HWS Commitment beyond Grant Period:	
<input type="checkbox"/>	No continuing commitment is required beyond the grant period.
<input type="checkbox"/>	The Colleges' continuing commitment is required as follows: _____

AUTHORIZATION AND CERTIFICATION

I hereby certify that the above information is accurate and complete.

APPLICANT SIGNATURE	DATE

I hereby certify that I have read the proposal, reviewed the budget, understand and accept the institutional or departmental commitments stated therein, and agree to the proposal's submission.

DEPARTMENT CHAIR/PROGRAM DIRECTOR SIGNATURE	DATE
INFORMATION AND TECHNOLOGY SERVICES SIGNATURE	DATE
Human Resource Signature	DATE
PROVOST SIGNATURE	Date