

Wheaton College

GRANT APPLICATION INTERNAL APPROVAL FORM

This form should be routed for signatures with a **current draft of your proposal** and a **detailed budget** at least 10 days before the grant deadline. All required signatures must be obtained prior to submission to funding agency.

Section 1 – General Information						
Please list all grant faculty and check role for each (PI is “P”, Co-PI is “C”, Investigator is “I”).						
P <input type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/>		P <input type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/>		P <input type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/>		
P <input type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/>		P <input type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/>		P <input type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/>		
Funding Agency:		If this will be a sub award, list primary grantee:				
Deadline:	Project Period (mths/yrs):	Start Date:	End Date:			
Project Title:						
Purpose of Funding:	Equipment <input type="checkbox"/>	Academic Project <input type="checkbox"/>	Special Project <input type="checkbox"/>	Research <input type="checkbox"/>	Other <input type="checkbox"/>	
Section 2 –Wheaton College Financial Commitment						
Requested Wheaton College Funds						
	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	6 th Year
Course release						
Matching funds						
Other costs						
Yearly Total:						
Requested Wheaton Support:		Requested Agency Support:		Total Project Costs:		
If the College is providing funds for this project, please list percentages of administrative support: (Please check with your Chair, Dean and the Provost before completing this section) Department or Division ___% Dean ___% Provost ___%						
Section 3 – Special Considerations						
1) Does your project require additional or alteration to existing space?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Does your project require purchasing/storing hazardous materials?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Are you requesting a waiver of F&A Costs?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Does your project require any special equipment needs? (e.g., electrical requirements, installation, maintenance contracts, ongoing supplies, etc.)					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you responded yes to any of the above, please explain:						
Section 4 – Compliance Information						
Human Subjects:	Not Applicable <input type="checkbox"/>		Approved <input type="checkbox"/>		Pending <input type="checkbox"/>	
Animal Subjects:	Not Applicable <input type="checkbox"/>		Approved <input type="checkbox"/>		Pending <input type="checkbox"/>	
Conflict of Interest Form	Not Applicable <input type="checkbox"/>		Signed <input type="checkbox"/>		Pending <input type="checkbox"/>	

Compliance Information: An approval letter for human or animal subjects must be provided before funding can begin.

By signing below, I certify that I am responsible for compliance with award terms and conditions:

- Principal Investigator (or Co-PI) Date	- Department Chair Date
- Dean Date	- Academic Grants Officer Date
- Provost Date	- Vice President of Finance Date