

**UNION COLLEGE
GRANT PROPOSAL APPROVAL FORM (GPAF)**

The Grant Proposal Approval Form (GPAF) is for Union College records and will be retained by the Office of Sponsored Program & College Grants (Grants Office). The GPAF and supplemental materials must be submitted to the Grants Office at least seven working days before the proposal deadline to allow sufficient time to review, process, and secure the required signatures. Union College reserves the right to withdraw any application that has not received institutional endorsement prior to submission. If you have any questions, please contact the Grants Office (ext. 6984).

Section 1: Principal Investigator Information
(to be completed by the lead PI)

Principal Investigator (PI):

PI First Name

PI Last Name

PI Department

PI Email

Co-Principal Investigator (Co-PI):

Co-PI First Name

Co-PI Last Name

Co- PI Department

Co-PI Email

Co-Principal Investigator (Co-PI):

Co-PI First Name

Co-PI Last Name

Co- PI Department

Co-PI Email

Co-Principal Investigator (Co-PI):

Co-PI First Name

Co-PI Last Name

Co- PI Department

Co-PI Email

Co-Principal Investigator (Co-PI):

Co-PI First Name

Co-PI Last Name

Co- PI Department

Co-PI Email

Section 2: Proposal Information

(to be completed by the lead PI)

Is this a collaborative proposal? Yes No

If yes:

This proposal is: A collaborative proposal from one organization.
 A collaborative proposal from multiple organizations
 (i.e., a linked collaborative proposal).

Union will be: The lead. Please provide the names of any non-lead institutions:
 A non-lead. Please provide the name of the lead institution:

Sponsor:

Program:

Funding Type:

Research Project Type:

Deadline Date:

Proposed Project Title:

Section 3: Facilities, Equipment, and Other Resources

(to be completed by the lead PI)

Facilities, Equipment, and Other Resources Needs (Check all that apply. Attach documentation to this form demonstrating responsibility area director has been information of the proposed project's impact on resources.):

Physical space to house new equipment:

Alterations/renovations to existing physical space:

Technician/ITS support for new equipment:

Equipment operations and/or maintenance required beyond the grant period:

Purchase of computer, hardware, software, or related items:

Website, server, system networking, cabling, or related items:

Support of department administrative assistant:

Office, computer, and/or phone for project personnel hired through grant

Course buy-out or other leave (**complete and attach a [course coverage plan](#)**)

Other, please describe:

None. This project will not impact Union College facilities, equipment, or other resources.

Section 4: Sponsor and Institutional Compliance Considerations

(to be completed by the lead PI)

Are all project personnel aware of [Union College's policy](#) for training in the Responsible and Ethical Conduct of Research (RECR) and Responsible Conduct of Research (RCR)?

No

Yes, all personnel will comply with sponsor and institutional policies and guidelines for training in RECR or RCR

Does the proposed research include human subjects?

No

Yes, all personnel will comply with sponsor and [institutional policies and guidelines](#) for conducting research with human subjects.

Does the proposed research involve animals?

No

Yes, the proposed activities include animals and all project personnel will comply with sponsor and [institutional policies](#) and guidelines for activities using animals.

For proposals submitted to the National Science Foundation (NSF): Do the proposed activities involve any off-site or off-campus research? Off-campus or off-site research is defined as data/information/samples being collected off-campus or off-site, such as fieldwork and research activities on vessels and aircraft.

No

Yes, all personnel will complete and comply with [Union College's Plan for Safe & Inclusive Working Environments for Off-Campus or Off-Site Research](#)

N/A

Have all senior/key personnel associated with this proposal been made aware of their responsibility to certify that they are not a party to a [malign foreign talent recruitment program](#)?

No

Yes

Are hazardous chemicals, controlled substances, radioactive materials, recombinant DNA, and/or infection agents involved in the proposed activities?

No

Yes, all project personnel will comply with sponsor and [institutional policies and guidelines](#) for science safety.

Will the proposed research activities involve certain high-consequence pathogens and toxins with potential to be considered dual use research of concern?

No

Yes, this research potentially falls within the scope of the [US Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern](#)

Will any intellectual property be used in or produced through the proposed research?

No

Yes, all project personnel will comply with the intellectual property policy found in the [Faculty Manual, Section V.IV.](#)

Are all project personnel aware of Union College's policy on scientific misconduct?

No

Yes, all project personnel will comply with the policy on scientific misconduct found in the [Faculty Manual, Section V.V.](#)

Have (or will) any project personnel lobbied on behalf of this proposal by contacting an individual from the Legislative or Executive Branch of the US Government?

No

Yes

Section 5: Principal Investigator & Co-Principal Investigator Certifications and Signature

(to be completed by all PIs)

By providing my signature below and submitting this form and all relevant attachments:

I certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

I certify that all named project participants are compliant with Union College’s Drug-Free Workplace Policy found in the [Faculty Manual, Section V.XI](#).

I certify that I have reviewed and will comply with the [policies](#) related to Financial Conflict of Interest (FCOI).

I certify that the information and certifications provided above are true and complete to the best of my knowledge. I agree to accept responsibility for project programmatic and fiscal conduct in accordance with the sponsor and Union College guidelines and will provide all reports required by the sponsor and Union College on or before their due date or day they become overdue.

_____	_____	_____
PI Name	PI Signature	Date
_____	_____	_____
Co-PI Name	Co-PI Signature	Date
_____	_____	_____
Co-PI Name	Co-PI Signature	Date
_____	_____	_____
Co-PI Name	Co-PI Signature	Date
_____	_____	_____
Co-PI Name	Co-PI Signature	Date

Section 6: Department Chair Acknowledgement

(to be completed by the department chairs of PIs associated with the proposed project)

By providing my signature below, I confirm that I have reviewed this form and any attached materials.

_____	_____	_____
Department Chair Name	Department Chair Signature	Date
_____	_____	_____
Department Chair Name	Department Chair Signature	Date
_____	_____	_____
Department Chair Name	Department Chair Signature	Date
_____	_____	_____
Department Chair Name	Department Chair Signature	Date
_____	_____	_____
Department Chair Name	Department Chair Signature	Date

Section 7: Award & Budget Information
(to be completed by the Grants Office)

Anticipated Notification Date:

Proposed Project Start Date:

Proposed Project End Date:

Total Grant Funds Requested:

Does the sponsor limit indirect costs? Yes No
If yes, describe the limit:

Cost-Sharing/Matching is:

Total Cost-Sharing/Matching Committed:

(attach documentation confirming cost-share commitment and source)

Total Non-Matching Institutional Funds Committed:

(attach documentation confirming cost-share commitment and source)

Section 8: Grants Office Approval
(to be completed by the Grants Office)

By providing my signature below, I confirm that I have reviewed this form and any attached materials.
By providing my signature below, I confirm that I endorse the submission of this proposal.

Name	Signature	Date
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Section 9: Dean of Academic Departments & Programs Acknowledgement
(to be completed by the Dean of Academic Departments & Programs)

By providing my signature below, I confirm that I have reviewed this form and any attached materials.

Name	Signature	Date
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Section 10: Controller's Office Approval
(to be completed by the Controller's Office)

By providing my signature below, I confirm that I have reviewed this form and any attached materials.
By providing my signature below, I confirm that I have reviewed and approved the proposed budget.

Name	Signature	Date
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Section 11: Assistant Vice President for Academic Planning & Operations Approval

(to be completed by the AVP for Academic Planning & Operations)

By providing my signature below, I confirm that I have reviewed this form and any attached materials.
By providing my signature below, I confirm that I endorse the submission of this proposal.

Name	Signature	Date
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Section 12: Authorized Organizational Representative (AOR) Approval to Submit

(to be completed by the Vice President for Academic Affairs & Dean of the Faculty)

By providing my signature below, I confirm that I endorse the submission of this proposal and delegate authorization to submit to Union's Grants Office on behalf of the College.

Name	Signature	Date
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