



GRANT PROPOSAL ENDORSEMENT FORM

If you have any questions or need assistance completing this form, please contact Devon Massot at dmassot@rollins.edu or 407-646-1943.

Rollins Project Director/Principal Investigator:

Academic Rank/Title:

Department:

Email:

Phone:

Department Chair/Director:

Department reports to:

Project Title:

Funding Agency/Grant Program to Which You Wish to Apply:

Funding Agency's Deadline:

Proposed Project Period (give dates): _____ to _____

Total Amount of Funding Requested: \$ _____

Type of Project (check all that apply):

- Research Curriculum Development Equipment General Operating
 Construction/Renovation Leave/Sabbatical Support Fellowship
 Community-Based Research or Service Training/Workshop/Conference Support
 Other:

Funding Source:

- Federal Private/Foundation Corporation State Gov't Local Gov't
 Other:

Type of Proposal: New Revision/Resubmission Renewal/Continuation

Brief description of project, including overall goals and objectives:

Summarize how project will enhance activity of the department/College:

What additional faculty, staff, or departments will participate, and how will they be involved?

List any general restrictions or requirements of the grant/contract (e.g., indirect costs not allowed):

Does the proposed project require or involve any of the following?

1. **Matching funds or cost-sharing from Rollins?** Yes No
If yes, what % or amount is required to be matched/cost-shared?
From what department/program(s) will the match come?
2. **Matching funds from other external sources?** Yes No
If yes, from what sources:
NOTE: a letter from the external entity confirming amount MUST be provided.
3. **A formal collaboration with another organization or institution?** Yes No
If yes, list organization(s):
NOTE: a signed statement or subrecipient commitment form MUST be provided.
4. **Student travel off-campus?** Yes No
If yes, explain?
NOTE: [domestic travel requirements](#). All international travel MUST be reviewed with [Office of Int'l Programs](#).
5. **Faculty travel?** Yes No
If yes, explain?
NOTE: faculty and staff travel MUST follow finance [policies](#).
6. **Renovation of current space or facilities (including lab space)?** Yes No
If yes, explain:
NOTE: you MUST receive approval by appropriate VP and Facilities Services.
7. **The addition of new faculty or staff positions?** Yes No
If yes, explain:
NOTE: you MUST receive approval by appropriate VP and Cabinet.
8. **Course release time?** Yes No
If yes, you MUST receive approval from your Department Chair and Dean.
9. **The development of a new course or curriculum?** Yes No
If yes, you MUST review with appropriate Curriculum Affairs Committee.
10. **New equipment?** Yes No
If yes, you MUST review installation requirements with Facilities Services.
11. **New technology needs (new software, hardware, servers, data storage, etc.)?** Yes No
If yes, you MUST review with Information Technology.
12. **Community-based research or service-learning experiences?** Yes No
If yes, you MUST review with the Center for Leadership & Community Engagement.
13. **Research using human subjects?** Yes No
If yes, have you secured IRB Approval? Yes No
If no, when will you secure IRB Approval (give date)?
14. **Research using vertebrate animals?** Yes No
If yes, do you have IACUC approval? Yes No
If no, when will you secure IACUC Approval (give date)?
15. **Research using recombinant DNA?** Yes No
16. **Research involving a radioactive substance and/or toxic waste disposal?** Yes No
17. **Life sciences research involving agents or toxins and methods deemed by the U.S. government to be [Dual Use Research of Concern](#)?** Yes No
18. **Any financial or other interests on the part of the Rollins Project Director/PI (including your spouse/domestic partner and dependent children) that: (i) would reasonably appear to be affected by the research or educational activities proposed; or (ii) are in entities whose financial interests would reasonably appear to be affected by such activities?** Yes No
If yes, you MUST submit Financial Conflict of Interest Disclosure form.

NOTE: if applying for funding from the NSF or NIH, you **MUST** review the College's [Financial Conflict of Interest Policy for Sponsored Research Projects](#) and submit the [Significant Financial Interest Disclosure form](#) to dmassot@rollins.edu prior to proposal submittal, **regardless of answering Yes or No to Question 18.**

STOP! Submit completed form above and supporting documents to dmassot@rollins.edu to initiate the following signatures via Adobe Sign.

CERTIFICATIONS

<p><i>I certify (1) that the information submitted within the application for this project is true, complete, and accurate to the best of the my knowledge; (2) that any false, fictitious, or fraudulent statements or claims related to this project may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the scientific and/or overall conduct of the project and to comply with any relevant grant requirements, terms, or conditions if an award is made.</i></p>	<p>_____</p> <p>Principal Investigator/Project Director Date:</p>
<p><i>The proposal fits the department's overall program and academic objectives. Adequate space is available or planned to conduct the project. The professional time allotted is realistic and within College guidelines.</i></p>	<p>_____</p> <p>Department Chair/Director Date:</p>
<p><i>I have reviewed the information above and have determined that all departmental and programmatic concerns have been resolved. The proposal is consistent with the overall objectives and priorities of the College.</i></p>	<p>_____</p> <p>Dean or AVP Date:</p>
<p><i>I have reviewed the information above and have determined that all initial institutional and funding agency requirements have been satisfied.</i></p>	<p>_____</p> <p>Director of Grants & Sponsored Research Date:</p>
<p><i>I have reviewed the information above and have determined the proposal is consistent with the overall objectives, priorities, and mission of the College.</i></p>	<p>_____</p> <p>Vice President Date:</p>
<p><i>I have reviewed the information above and have determined that all institutional concerns are resolved.</i></p>	<p>_____</p> <p>Risk Management Officer Date:</p>
<p><i>I hereby authorize the Director of Grants and Sponsored Research to sign and submit this proposal, including all required assurances, on behalf of Rollins College.</i></p>	<p>_____</p> <p>VP of Finance/Treasurer Date</p>