



## GRANT PROPOSAL ENDORSEMENT FORM

If you have any questions or need assistance completing this form, please contact  
Devon Massot at [dmassot@rollins.edu](mailto:dmassot@rollins.edu) or Bethany Bower at [bbower@rollins.edu](mailto:bbower@rollins.edu).

**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):**

**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. **Faculty or student travel?** ☐ Yes ☐ No  
If yes, explain?  
NOTE: [domestic travel requirements](#) and [policies](#). All international travel MUST be reviewed with [Office of Int'l Programs](#)
5. **Research work to take place off-campus?** ☐ Yes ☐ No  
If yes, explain?  
NOTE: faculty MUST submit a Research Safety & Inclusivity Plan prior to proposal submittal (NSF only).
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](mailto: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 the Office of Grants & Sponsored Research**

**CERTIFICATIONS (OFFICE OF GRANTS & SPONSORED RESEARCH USE ONLY)**

<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>	_____ Principal Investigator/Project Director Date:
<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>	_____ Department Chair/Director Date:
<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>	_____ Dean or AVP Date:
<i>I have reviewed the information above and have determined that all initial institutional and funding agency requirements have been satisfied.</i>	_____ Director of Grants & Sponsored Research Date:
<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>	_____ Vice President Date:
<i>I have reviewed the information above and have determined that all institutional concerns are resolved.</i>	_____ Risk Management Officer Date:
<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>	_____ VP of Finance/Treasurer Date