



GRANT PROPOSAL PROCESSING FORM

The Grant Proposal Processing Form captures summary information about your proposal. Please complete this form in its entirety. You may attach additional pages to report anything not captured in the questions.

A grant represents a contract between the college and the funding organization. Therefore, this form must be signed by all relevant parties prior to submission of the proposal. Please complete, sign, and submit this form with a copy of your draft* proposal to:

Emily Robinson
Grants and Sponsored Programs
76 Elm Street

We must receive these materials at least ten (10) business days prior to the submission deadline.

The Principal Investigator/Project Director is responsible for obtaining the signature of any co-investigator (affiliated with Smith College) and the signature of one's direct supervisor (department chair, program director, dean of the School for Social Work, or other as applicable). I tcpw"cpf "Ur qpuqtgf "Rtqi tco u will obtain the final required signatures.

If submitting an application in paper (hardcopy) format, the Principal Investigator/Project Director is responsible for mailing it to the funding organization in time for the submission deadline.

*Your draft proposal must include your working narrative or a project summary, budget, and budget justification. A final copy of all materials should be forwarded to I tcpw"cpf "Ur qpuqtgf "Rtqi tco u as soon as they are available.

SMITH COLLEGE GRANT PROPOSAL PROCESSING FORM

Principal Investigator/Project Director		Smith ID No. (located on OneCard)	
Department/Program		Campus Phone Email	
Project Title			
Funding Organization		Funding Opportunity No./Program Name	
Proposed Start Date	End Date	Submission Deadline	
Grant Request \$ (If a subaward, only those funds requested for Smith College)			
Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Revision		Type of Project: <input type="checkbox"/> Research <input type="checkbox"/> Instruction <input type="checkbox"/> Other (specify)	
If there is a subaward, indicate type of subaward: <input type="checkbox"/> Smith College will be the lead institution - List Subawardee(s) <input type="checkbox"/> Smith College will be a subawardee - List Lead/Primary Institution _____			

Please answer the following:

1) Where will your project take place? If any activities will occur outside of your office and/or lab, please specify location(s):

2) ☐ Yes ☐ No Does the project require additional laboratory or office space for equipment, employees, and/or students? "If yes, briefly explain. If you have a specific space in mind, note it here:

3) ☐ Yes ☐ No Will any building renovation or construction be required to complete this project?
 If yes, have you obtained an estimate from Facilities for this work? ☐ Yes ☐ No
 If yes, which funds are included in the proposal to cover this expense?
 If funds are not included in the proposal, what will be the source of funds?

4a) ☐ Yes ☐ No Does the project include cost sharing -- cash, personnel, or in-kind -- from the college or other sources?
 If yes, describe the type of cost sharing proposed and identify the cost share funding source(s).

4b) ☐ Yes ☐ No Does the project include equipment? If yes, please address service contracts, installation, building renovation, purchase of materials and supplies during and after the grant period.

5) ☐ Yes ☐ No Does the project include release time or leave? Course releases are calculated on a pro rata basis; each course release should normally be included in your grant budget as 1/5 of annual salary (plus benefits) for those at full-time status. If yes, duration of leave and source of funding.

6) Compliance

(a) ☐ Yes ☐ No Will the project use human subjects?

<input type="checkbox"/> IRB Approved	Approval Date:	IRB Assigned No.:
<input type="checkbox"/> Pending (If funded, the PI will contact the IRB in advance of starting the project.)		

(b) ☐ Yes ☐ No Will the project require the use of animals or animal tissues either at Smith or elsewhere?

<input type="checkbox"/> IACUC Approved	Approval Date:	IACUC Assigned No.:
<input type="checkbox"/> Pending (If funded, the PI will contact the committee in advance of starting the project.)		

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(Question 6 continued)

(c) ☐ Yes ☐ No Will the project use recombinant DNA, infectious agents, or regulated biological materials such as Select Agents or human/primate blood or tissues?

<input type="checkbox"/> Biosafety Committee Approved	Approval Date:
<input type="checkbox"/> Pending (If funded, the PI will contact the committee in advance of starting the project.)	

(d) ☐ Yes ☐ No Will the project use radioactive materials, or Class IIIB or IV lasers?

<input type="checkbox"/> Radiation Safety Committee Approved	Approval Date:
<input type="checkbox"/> Pending (If funded, the PI will contact the committee in advance of starting the project.)	

INVESTIGATOR CERTIFICATIONS:

Financial Conflict of Interest: If the grant seeks funding from Public Health Service agencies (e.g., NIH) or NSF, all investigators must complete a Disclosure of Significant Financial Interest available at https://www.smith.edu/deanoffaculty/funding_sponsored-research.php. See also the Policy on Academic Financial Conflict of Interest in Research (PHS and NSF) at the same website.

Debarment/Suspension: The Principal Investigator and co-investigators are not debarred or suspended from doing business with the federal government.

Human Subjects Training: The Principal Investigator and co-investigators certify that they have completed or will complete all required human subjects training.

Financial Conflict of Interest Training: All investigators seeking or in receipt of Public Health Service funding certify that they have completed or will complete the required financial conflict of interest training.

For NIH Proposals: The Principal Investigator and co-investigators must attach a signed NIH PI Assurance Certification, available at https://www.smith.edu/deanoffaculty/funding_sponsored-research.php.

I hereby certify that the statements made in the attached proposal and on this form are true and complete to the best of my knowledge. I agree to comply with the award terms and conditions if an award is made.

Principal Investigator

(Date)

Co-Investigator

(Date)

If there are other co-investigators, please provide their signatures on the back of this form.

The attached proposal is within the total program and academic objectives of the department. Adequate space is available or planned for the conduct of this project. The professional time allocations described therein are realistic and within college guidelines.

Direct Supervisor (e.g., Department Chair, SSW Dean)

(Date)

Institution Approvals:

This proposal has been reviewed and approved. It is consistent with the overall objectives of the college.

Associate Provost/

Director of Sponsored Research

(Date)

We authorize the applicant to enter into contracted obligations on behalf of Smith College.

Assistant Controller

(Date)