

Deadline: <input type="checkbox"/> Mailing Date <input type="checkbox"/> Receipt Date	HOOD COLLEGE Grant/Sponsored Program Proposal Routing Form	Proposal Number: _____ To be completed by grants office				
PROJECT DIRECTOR/INVESTIGATOR INFORMATION						
1. Principal Investigator/ Project Director:	2. Department:	3. Telephone:				
4. Fax:						
5. CoPI/PD(s) (include department, or affiliation if not from Hood):						
GENERAL PROPOSAL INFORMATION						
6. Proposal Title:						
7. Project Period:	8. Funding Agency and Program Name (list solicitation webpage, if available):					
Start: Finish:						
9. Address of agency/foundation (if proposal will be mailed by grants office):						
PROJECT OVERVIEW						
10. Project Description:						
BUDGET						
11. Budget Overview:						
	Total Project	Year One (multi yr. projects only)	Year Two (multi yr. projects only)	Year Three (multi yr. projects only)	Year Four (multi yr. projects only)	Year Five (multi yr. projects only)
Funds Requested from Agency						
Matching Funds Requested						
Total Project Budget						
A. Is a match from the College required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the source of the matching funds:						
B. Indirect Cost Percentage: <input type="checkbox"/> ____ % of direct salaries and wages excluding fringe benefits <input type="checkbox"/> The agency will not pay indirect costs <input type="checkbox"/> Other - Describe:						

SPECIAL REVIEW CHECKLIST

13. The attached proposal involves the following:

	YES	NO
Course reductions:	<input type="checkbox"/>	<input type="checkbox"/>
Please list the number per year per faculty member:	<input type="checkbox"/>	<input type="checkbox"/>
New hires (excluding students) or extensive personnel use: All faculty involved in grants should be aware that the time dedicated to paid summer activities (grants, teaching, etc.) cannot exceed two months.	<input type="checkbox"/>	<input type="checkbox"/>
Major purchases: For items (such as equipment) or services costing more than \$10,000, please read the Hood College Procurement Policy and obtain multiple bids before purchase. Please list anticipated purchases over \$10k here. If the equipment you are purchasing has any annual maintenance and/or operating costs, please also list them here.	<input type="checkbox"/>	<input type="checkbox"/>
List:	<input type="checkbox"/>	<input type="checkbox"/>
Do grant activities occur off-campus? If more than 50% of activities occur off-campus, please use the lower indirect cost rate. For any off-campus research in an NSF grant, include a Safe and Inclusive Working Environment Plan.	<input type="checkbox"/>	<input type="checkbox"/>
Are any senior/key personnel involved in Malign Foreign Talent Recruitment as defined by the CHIPS and Science Act of 2022?	<input type="checkbox"/>	<input type="checkbox"/>
Additional office, lab or other facilities needed:	<input type="checkbox"/>	<input type="checkbox"/>
Subcontracts:	<input type="checkbox"/>	<input type="checkbox"/>
Participation from other institutions/agencies:	<input type="checkbox"/>	<input type="checkbox"/>
List:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Describe:		

PROJECT DIRECTOR/ INVESTIGATOR(S) ASSURANCES

A. Project Director / Principal Investigator/Co-Investigator: I certify that:

- If this grant is awarded, I will not have double committed my time on current or pending grant opportunities over this grant period in order to remain compliant with federal regulations.
- The information provided on this form is accurate and complete as of this date.
- I agree to accept responsibility for the conduct of the project and for the provision of required reports if an award results from this application.

	Date		Date		Date
PI/PD Signature		Co-inv. Signature		Co-inv. Signature	

DEPARTMENT CHAIR

B. Department Chair: The attached application is approved by the department. It is in alignment with department objectives and goals. Resources and time are properly allocated. I have reviewed the needs contained in the Special Review Checklist and proposal, and they can be accommodated by the department if the project is funded.

	Date
Department Chair	

ASSOCIATE PROVOST/SENIOR TEAM MEMBER

B. Associate Provost/Senior Team Member: The attached application is approved. It is within the program and academic objectives of the division. Professional time allocations are realistic as described. I have reviewed the needs contained in the Special Review Checklist and proposal, and they can be accommodated by the division if the project is funded.

Associate Provost/Senior Team Member

Date

COLLEGE APPROVAL

C. Grants Office, Institutional Advancement: This application text and budget have been reviewed for completeness, consistency with funding agency instructions and requirements, and Hood College policies. Any necessary revisions and/or modifications have been communicated to the PI/PD.

Senior Director of Grants and Sponsored Projects

Date

D. Vice President for Finance and Treasurer: The proposed project's budget is approved. It is consistent with the program objectives of the College, and the financial commitments to this project are acceptable. I have reviewed the needs contained in the Special Review Checklist and proposal, and I agree the institution will provide them as described in the application if the project is funded.

All required matching funds will be provided from account # _____.

Vice President for Finance and Treasurer

Date

**NOTICE: Proposals are to be submitted to GRASP Office
at least five working days prior to agency deadlines
to ensure timely submission to the funding agency.**

The President and Vice President for Finance and Treasurer have the authority to commit Hood College to legally-binding agreements. When the Hood College grant routing form is fully executed, it allows the Senior Director of Grants and Sponsored Programs to act as Hood College's Authorized Organizational Representative (AOR) for sponsored programs.