

SUFFOLK UNIVERSITY GRANT SUMMARY AND APPROVAL FORM



This form is to be circulated **BY THE APPLICANT** with a full copy of the proposal. Upon completion, keep a copy of the signed Approval Form for your records and provide a copy to the Assistant Treasurer’s Office and to Corporate, Foundation & Government Grants.

Project Director _____ Dept. _____ Ext. _____

Title of Project _____

Summary Description _____

Funding Source _____ Due Date _____

Program _____ Total Funds Requested _____

Project Period _____ From _____ Through _____

BUDGET SUMMARY

	<u>Requested from Agency</u>	<u>Suffolk University</u>	<u>Total</u>
Salaries	_____	_____	_____
Fringe Benefits	_____	_____	_____
Equipment	_____	_____	_____
Supplies	_____	_____	_____
Scholarships/ Fellowships	_____	_____	_____
Consultant Services	_____	_____	_____
Other (List)	_____	_____	_____
Indirect Costs	_____	_____	_____
TOTAL	_____	_____	_____

PLEASE ALLOW AT LEAST 5 BUSINESS DAYS FOR INTERNAL APPROVALS

CHECKLIST

Does this project require additional space? If yes, please describe: yes _____ no _____

Does this project carry a commitment, explicit or implied, for continuation after termination of government/foundation support?
If yes, please describe and at what cost per year: yes _____ no _____

How many Suffolk students/faculty/staff will benefit from the Proposed Program? _____
How will they benefit? _____

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If no member of the Suffolk University community will benefit directly, what is the benefit to the University?

What is the funding agency’s allowable Indirect Cost reimbursement rate? _____

Is cost sharing required? If so, at what level? _____

SPECIAL INFORMATION: (i.e. impact on university resources other than those mentioned above, unresolved issues involved in the application, etc.)

ACADEMIC AND FISCAL APPROVAL OF PROJECT

Does this proposal need to be approved by the University’s Institutional Review Board (IRB) (see <http://www.suffolk.edu/research/17776.html>)? Y/N

If YES, have you submitted the necessary forms? Y/N

If you require IRB approval and have not yet submitted the forms, when will you submit them? _____

GRANT ACCOUNTANT _____ DATE _____
Approved _____ Disapproved _____ No Opinion _____

Comments and/or qualifications:

CORPORATE, FOUNDATION & GOVERNMENT GRANTS OFFICER _____
DATE _____ Approved _____ Disapproved _____ No Opinion _____

Comments and/or qualifications:

DEPARTMENT CHAIR _____ DATE _____
Approved _____ Disapproved _____ No Opinion _____

Comments and/or qualifications:

DEAN/ Dean’s Office Representative _____
DATE _____ Approved _____ Disapproved _____ No Opinion _____

Comments and/or qualifications:

PROVOST _____ DATE _____
Approved _____ Disapproved _____ No Opinion _____

Comments and/or qualifications:

VICE PRESIDENT/TREASURER _____ DATE _____
Approved _____ Disapproved _____ No Opinion _____

Comments and/or qualifications: