SUFFOLK UNIVERSITY

73 Tremont St.
Boston, MA 02108
Phone: (617) 557-2006

Office of Research and Sponsored Programs

SUFFOLK UNIVERSITY GRANT SUMMARY AND APPROVAL FORM

This form is to be circulated **BY THE APPLICANT** with a full copy of the proposal. Keep a copy of the signed Approval Form for your records and submit the signed form to the Office of Research and Sponsored Programs, 73 Tremont Street, 11th Floor. If additional space is needed, please attach another page. Proposals must be submitted to ORSP five **BUSINESS** days prior to the submission deadline.

Part I: Project Information

Principal Investigator/ Project Director: **Extension**:

Department:

Co-Principal Investigator/Project Director: **Extension**:

Department:

Project Title:

Summary Description:

Funding Source: **Deadline:**

If subcontract, Prime Sponsor:

Name/ Number of Funding Opportunity:

Proposed Project Dates: **Start Date**: **End Date**:

Type of Agreement:
Grant☐ Contract☐ Subcontract☐ Cooperative Agreement☐ Service Agreement☐ Fellowship☐ Other☐

Type of Proposal:
New☐ Resubmission☐ Renewal☐ Supplement ☐ Transfer☐

Type of Project:
Basic Research☐ Applied Research☐ Training ☐ Instruction☐ Public Service☐

Project Location:
On-Campus ☐ Off-Campus☐

Part II: Budget Information:

Total budget request Direct Indirect

Is cost sharing required: Yes☐ No☐
If so, please indicate source and amount of funds being shared:

Part III: Project Considerations

Does your project involve human subjects? Yes☐ No☐

If yes, provide date of IRB approval or enter "Pending":

Are sub awardees/subcontractors listed in your proposal?: Yes☐ No☐

If yes, please describe:

Is additional space required for this project?: Yes☐ No☐

If yes, please describe:

Will the project require University funding beyond the life of the grant?: Yes☐ No☐

If yes, please describe:

Is Responsible Conduct of Research (RCR) training required?: Yes☐ No☐

If yes, have provisions been made to ensure training? **:** Yes☐ No☐

Do Financial Conflict of Interest Forms need to be disclosed? : Yes☐ No☐
If yes, attach required documentation.

Other comments:

Proposal Reviewed by ORSP: _____
ORSP Signature Date

Part IV: Approvals

My signature below confirms my review of this proposal. It also certifies that the undersigned:

a) Will ensure that all sponsored projects are conducted in accordance with the policies of the sponsor;
b) Will ensure that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge;
c) Understands that any false, fictitious, or fraudulent statement or claims may subject the PI to criminal, civil or administrative penalties
d) PI agrees to accept responsibility for the scientific conduct and financial management of the project and to provide the required progress reports if a grant is awarded;
e) Will comply with all federal, state, and local regulatory agency and University requirements related to this project.

_____ _____
PI/Project Director Date Co-PI/Project Director Date

_____ _____
Department Chair Date Department Chair Date
(N/A for Law School) (N/A for Law School)

_____ _____
Dean Date Dean Date

_____
University Provost Date