

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:** Attach a final budget**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/pending review:

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
(N/A for Law School)

Department Chair Date
(N/A for Law School)

Dean Date

Dean Date

College Research Coordinator Date

College Research Coordinator Date

University Provost Date