CONNECTICUT COLLEGE APPROVAL FORM FOR CORPORATE, FOUNDATION, GOVERNMENT AND RESEARCH GRANTS OR CONTRACTS

Forms available from the Office of Corporate, Foundation and Government Relations, ext. 2438 or 2404

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A. GENERAL INFORMATION

P.I.(s)/Project Director(s): __________________________ Department: __________________________
arget acent ater gantor: __________________________ Grant Period: _______ to _______
Specific program: __________________________ Total Request: ________________
Proposal Title: __________________________

B. BUDGET:

1. College Matching funds requested: __________ Required Match? Yes ___ No ___
   Matching funds source: __________________________ Matching funds used for: __________________________
   Other Matching funds and source(s): __________________________

2. Additional space or support required? Yes ___ No ___ Course release? Yes ___ No ___
   If yes, please itemize: __________________________

3. Does this project require academic year released time? Yes ___ No ___
   If yes, please itemize: __________________________
   * If yes to 1, 2, or 3, please have the Associate Dean of the Faculty sign: ________________

4. Are Indirect Costs allowed? Yes ___ No ___ Waived ___ % Waived __________
   * If Indirect Costs are waived, please have the Dean of the Faculty sign: ________________

5. Fringe Benefits will be paid by: __________________________

6. Summer housing for students? Yes ___ No ___ No. of students ___ No. of weeks ___
   * If yes to 6, please obtain signature of the Dean of the College ________________
7. Does the proposal budget provide for **student payments**? Yes _____ No _____.

* If yes to 7, the payment must be reviewed by Accounting to determine whether the payment is considered to be wages or an internship.

**C. SPECIAL REQUIREMENTS**

1. Is there a **Contract** involved? Yes ____ No ____ If yes, then requires internal routing to Legal Counsel/VP of Administration for review.

2. Does this project involve: human subjects? Yes ____ No ____ IRB ____________ laboratory animals? Yes ____ No ____ IACUC ____________ recombinant DNA? Yes ____ No ____ Lab Safety ____________

3. For NSF and DHHS (NIH, PHS) Proposals only:
   **Conflict of Interest**: Are there significant financial interests to be reported by any individual(s) responsible for the design, conduct, or reporting of this project? Yes ____ No ____. If yes, a **Significant Financial Interest Disclosure** form and accompanying materials must be submitted to the office of Corporate, Foundation and Government Relations prior to receiving Campus Endorsements and before this proposal is submitted. Each P.I. must sign below.

   ___I have reviewed the Connecticut College Conflict of Interest Policy and there is no significant financial interest by any party as defined above. If this changes during the period of the grant, a revised Disclosure form will be submitted immediately.

   ___There is a significant financial interest and a Disclosure form was submitted to the Office of Corporate, Foundation and Government Relations on (date): ________________ by: ____________________

   **NSF and DHHS P.I.(s):** __________________________________________ Date ____________

D. **SIGNATURES/CAMPUS ENDORSEMENTS:** (to be obtained in sequence)

[ ] Project Director (PI) __________________________________________ Date ________

[ ] Department Chair __________________________________________ Date ________

[ ] Director, CFGR __________________________________________ Date ________

[ ] Controller __________________________________________ Date ________

[ ] VP, Finance & Admin. __________________________________________ Date ________

[ ] Dean of the College __________________________________________ Date ________

[ ] Dean of the Faculty __________________________________________ Date ________

[ ] Dean of Students __________________________________________ Date ________

[ ] VP, Information Services __________________________________________ Date ________

[ ] VP, Advancement __________________________________________ Date ________