Application Deadline

02/03/2014

**Sponsored Program Routing/Account Request Form**

**The Sponsored Program Routing /Account Request Form should be completed and submitted with each grant proposal. To insure that there is adequate time for review, please fill in sections 1 and 2 and submit the form to the Director of Grants Administration. The Director of Grants Administration will secure the institutional approvals in section 3. Upon award, “Awarded” will appear at the top of the form and the information included here will be used to establish the sponsored program account.**

Principal Investigator: Phone:

Department: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sponsor Program #, RFA # or CFDA #

Sponsor:

Sponsor Type: [ ]  Public [ ]  Public flow-through (Indicate prime source: \_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]  Private

Project Title:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proposal Type: | [ ]  Pre-Proposal | [ ]  New | [ ]  Renewal | [ ]  Continuation | [ ]  Supplement |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Project Class: |  | Indicate the project class (see the class list on the reverse side). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Period: |  |  |  |  |  |  |
|  | Start Date |  | End Date |  |
|  |  |  |  |  |
| Amount Requested: |  |  |  |  |  |
|  | Direct Costs |  | Facilities & Administrative Costs |  | Total Costs |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Information** |  | **College Commitments** |  |
| Please indicate whether this project involves any of the following: | Indicate cost sharing/matching funds or other Manhattan College commitments to this project: |
| [ ]  Equipment Purchase(s) | Page in app:\_\_\_\_ | [ ]  Cost Sharing |  |
| [ ]  Additional or renovated space  | Page in app:\_\_\_\_ | [ ]  Matching Funds |  |
| [ ]  Special Facilities  | Page in app:\_\_\_\_ | Source of matching funds or cost sharing: |
| [ ]  Facilities & Administrative Costs  | Rate used: \_\_\_\_% | [ ]  College | [ ]  Grant | [ ]  Other |
| If not using DHHS negotiated rate (53.2% S&W), explain: | Grant #/Sponsor: |  |
|  |  |  | Amount: |  |  |  |
|  |  |
| [ ]  Released/Reassigned Time (provide detail below) |   |  |
| Faculty Semester % Time & effort Recovery Amount # of credits |
|  |

|  |
| --- |
| **Compliance Information** Please indicate whether this project involves any of the following: |
| [ ]  Human Subjects | [ ]  Approved #\_\_\_\_\_\_ [ ]  Pending | [ ]  Hazardous Agents\* | [ ]  Recombinant DNA\* |
| [ ]  Animal Subjects | [ ]  Approved #\_\_\_\_\_\_ [ ]  Pending | [ ]  Radioactive Materials\* \*See reverse for instructions. |

**By signing below, I certify that I am not debarred or suspended from dealing with the federal government, am in compliance with the Manhattan College policy for conflict of interest.**

Principal Investigator Date

The below signature(s) are required. Use both lines for projects involving more than one school.

 \_\_\_\_\_\_

School Dean Date School Dean Date

**Return this form to the Director of Grants Administration.**

Al Heyward Date Walter Matystik Date

Grants Accountant Associate Provost

Dominic Esposito, Director Date William Clyde

of Grants Administration Provost

Instructions

**Section 1**

**Sponsor:**

* Please include the agency name (NIH, Dept. of Education), as well as the program name and number if available (e.g., RFA #, or CFDA #).

**Project Period:**

* Please indicate the dates for the entire project period.

**Project Classes:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Administrative |  | General Purpose |  | Research |  |
| Conference |  | Institutional |  | Service |  |
| Demonstration |  | Physical plant |  | Training |  |
| Discretionary |  | Planning |  | Undefined |  |
| Equipment |  | Program development |  |  |  |

**Budget Information**

* If your project involves equipment purchases, additional or renovated space, or special facilities, please check the appropriate box and indicate the application page number where more detail can be found.
* Indicate the facilities and administrative costs (indirect costs) rate used. If the rate used is not the Department of Health and Human Services negotiated rate (56%, salaries and wages base), indicate the reason for using lower rate.
* If the project involves released/reassigned time for any faculty member, check the appropriate box and provide the name, semester, percent time and effort (T & E) requested, and the number of credits or reassigned time for each person for whom released/reassigned time is requested. Questions about budgeting released time should be addressed to Dominic Esposito (x7160 or dominic.esposito@manhattan.edu).

**College Commitments**  All college commitments must be approved prior to proposal submission.

* Indicate whether any of the costs for the project will be borne by another grant, institutional funds, or another funding source. If any of the funds will be provided from another source, provide the project name, fund number and amount.

**Compliance Information**

**Human and Animal Subjects**

* If your research involves human or animal subjects, the project must be approved by the Manhattan College Institutional Review Board for the Protection of Human Subjects (IRB) or the Institutional Animal Care and Use Committee (IACUC) **before the research begins**. A separate approval must be obtained for EACH new application for funding. If you already have approval for the proposed project, please attach the approval letter; if not, check “Pending” and call or email Dominic Esposito (x.7160; dominic.esposito@manhattan.edu) regarding submitting your protocol for review or obtaining administrative approval for a new sponsor.

Hazardous Agents, Recombinant DNA, or Radioactive Materials

* Please indicate if you plan on using hazardous agents, recombinant DNA or radioactive materials.

**Sections 2 and 3**

* It is important that your school dean and the College administration are informed about your project and the college's commitments. Section 2 provides space for the school dean to sign off on your application.
* The signature of the Principal Investigator and Division Dean are **REQUIRED** for review and applications submission. If circumstances make it impossible to submit the Grant Application Internal Routing Form prior to submission, please return it in a reasonable time after submission takes place. *Incomplete forms will not prevent grant submission but could delay account establishment once the grant is awarded*.
* When sections 1 and 2 are complete, the Director of Grants Administration will forward the form to the Vice President for Finance and Provost for their approval.

Our goal is to provide excellent service to the faculty and staff of Manhattan College. Please let contact Dominic Esposito if you have comments or suggestions on the Grant Application Internal Approval Form or the instructions.

**Thank you!**