



Request for Authorization to Apply for External Funding

By signing below, the Principal Investigator/Project Director (PI/PD) certifies that the information s/he provides on this form accurately and truthfully reflects the nature of the proposed project and the external funding source.

Signature: _____ Date: _____

NAME: _____

DEPT: _____

The remaining questions on this form should be answered by the Principal Investigator/Project Director named above.

Faculty and staff at Shippensburg University must complete and submit this form along with the draft grant proposal (including budget) to IPSSP **5 working days before** applying for external grant funding.

NOTE: Upon award of the grant, only the Provost and VP for Admin & Finance are authorized to sign a grant/contract agreement.

More information available at www.ship.edu/Public_Service

I. Project and Funder Description

Project Title: _____

Total Amount Requested: \$ _____

Funder: _____

Due Date: _____ Submit this form and draft proposal to IPSSP **5 working days prior to the due date.**

Start Date: _____ (proposed)

II. University Research Policy Compliance Questionnaire

		Y	N	IPSSP Notes
A. HUMAN SUBJECTS PROTECTION	Does the project involve the use of human subjects? If "yes," approval from the SU IRB must be provided to IPSSP prior to start.	<input type="checkbox"/>	<input type="checkbox"/>	
B. ANIMAL WELFARE PROTECTION	Does the project involve the use of vertebrate animals? If "yes," approval from the SU IACUC must be provided prior to start.	<input type="checkbox"/>	<input type="checkbox"/>	
C. FOREIGN TRAVEL / EXPORT CONTROL	Will you be traveling internationally or working with any non-U.S. citizens in conjunction with the proposed project?	<input type="checkbox"/>	<input type="checkbox"/>	
D. INTELLECTUAL PROPERTY OWNERSHIP	Do you anticipate developing intellectual property as a result of this project? If "yes," mark all that apply: <input type="checkbox"/> PUBLICATIONS <input type="checkbox"/> PRESENTATIONS <input type="checkbox"/> SOFTWARE <input type="checkbox"/> DEVICES	<input type="checkbox"/>	<input type="checkbox"/>	
E. SUB-RECIPIENT RISK ANALYSIS	Will any portion of the grant award be sub-awarded to another institution in exchange for work related to the project?	<input type="checkbox"/>	<input type="checkbox"/>	
F. FINANCIAL CONFLICT OF INTEREST	1. Are you or any member of your family an officer, director, partner, trustee, employee, advisory board member, or agent of the external sponsor funding this project OR of any organization from which goods and services will be obtained under the funding award?	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Do you or any member of your immediate family have an equity interest in the external sponsor that exceeds \$5,000?	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Do you or any member of your immediate family anticipate receiving salary, royalties from the external sponsor during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
G. RESPONSIBLE CONDUCT OF RESEARCH TRAINING	Will the project involve any student research assistants, graduate or undergraduate?	<input type="checkbox"/>	<input type="checkbox"/>	

Request for Authorization to Apply for External Funding (continued)

		Y	N	IPSSP Notes
H. FUNDAMENTAL RESEARCH EXCLUSION	Will the external sponsor place any restrictions on your publication or on access to restricted or confidential data?	<input type="checkbox"/>	<input type="checkbox"/>	

III. Project Budget Information

		Y	N	IPSSP Notes
I. Compensation for Time and Effort	Will the grant pay you additional compensation commensurate with your time and effort on the project?	<input type="checkbox"/>	<input type="checkbox"/>	
J. Time Reassignment	Will the grant pay for your time during the academic year in the form of partial or full course buyouts?	<input type="checkbox"/>	<input type="checkbox"/>	
K. Other Personnel, Student Workers	Will the grant be used to hire additional staff, graduate assistants, and/or student workers?	<input type="checkbox"/>	<input type="checkbox"/>	
L. Equipment Purchases	Does the budget include funding for the purchase or any individual pieces of equipment priced greater than \$5,000?	<input type="checkbox"/>	<input type="checkbox"/>	
M. Subcontracts	Does the project require the hiring or any consultants and/or subcontractors other than those identified in item E above?	<input type="checkbox"/>	<input type="checkbox"/>	
N. University Cash Match Requirement	Does the funder require Shippensburg University to pay any costs related to the project as part of a matching – or “cost-sharing” commitment?	<input type="checkbox"/>	<input type="checkbox"/>	
O. Indirect Cost	Will the grant pay overhead (i.e. indirect costs or facilities and administration fees) at SU’s current on-campus overhead rate, <u>45% of personnel costs</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	
P. Program Income	Will the project generate any income from participant fees, sales of produced items, or from other sources?	<input type="checkbox"/>	<input type="checkbox"/>	

IV. University Approvals (signature and date)

Department Chair: _____

College Dean: _____

IPSSP: _____ Old Main, Room 202 (717) 477-1251
Sponsored Programs Officer

Provost/Vice-Pres: _____

President: _____