



# GRANT FINAL CERTIFICATION FORM

This form, **with a copy of the full grant proposal**, must be submitted at least 30 calendar days prior to submitting any proposal for external funding. No one is permitted to submit a grant proposal to any agency without the prior approval of the Vice President for Business Affairs and division Vice President.

Principal Investigator: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Title of Proposed Grant: \_\_\_\_\_

Funding Agency: \_\_\_\_\_ Submission Deadline: \_\_\_\_\_

Project Total (this line will be auto-calculated based on the budget overview section): \_\_\_\_\_

**Grant Basics:** You may attach responses to the below two questions as separate documents if preferred.

Funding Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Project Summary: Briefly describe the major goal(s) and activities that will help you achieve those goals.

YES/NO Is the entire grant proposal attached to this document?

**Budget Overview:** Put \$0 if not applicable.

Total Request from Sponsor: \_\_\_\_\_ Total Indirect Costs from Sponsor: \_\_\_\_\_

YES/NO Indirect costs are proposed for reinvestment. *If indirect costs are proposed for reinvestment, please submit a separate line-item budget and justification.*

Dollar for Dollar Match Needed: \_\_\_\_\_ Source of Match Funds: \_\_\_\_\_

*If financial match is required, please submit a separate line-item budget and justification for the match.*

Other Leverage Funds: \_\_\_\_\_ Source of Leverage: \_\_\_\_\_

*If cost sharing from third parties is included, please submit written documentation showing their support.*

YES/NO Do you propose to pay extra compensation to any institutional employee? If yes, you will need to review personnel salary rates with HR and identify the employee(s) by name in the grant packet.

YES/NO Answers submitted to the "Budget Considerations" section of the grant pre-certification form have changed. *Please review your pre-certification. If answers have changed, please attach an explanation.*

YES/NO Is a full budget attached to this document?

**General Institutional Obligations:** Please select YES/NO for each item below. For any item answered YES, please provide additional details in the box provided or through separate attachments. Will the College be obligated to:

YES/NO provide faculty release time?

YES/NO provide additional space to that which is now allocated to the unit?

YES/NO purchase or acquire any equipment?

YES/NO provide building alterations or install any equipment?

YES/NO hire new faculty and/or staff?

YES/NO change the conditions of employment of present employees?

YES/NO be required to continue the program after the sponsor terminates support?

**Procedural Questions:** Please select YES/NO for each item below. For any item answered YES, please provide additional details in the box provided or through separate attachments.

YES/NO Will this project utilize radioactive materials, biohazardous or other hazardous materials, and/or generate radioactive, biohazardous, or hazardous waste, and/or present possible exposure to blood-borne pathogens or utilize recombinant DNA? (If YES, review and approval from the Institutional Safety Committee (ISC) Coordinator must be obtained on the designated signature line.)

YES/NO Will this project utilize human subjects? (If YES, the College's Institutional Review Board (IRB) approval or a completed and signed IRB application must be submitted with this form.)

YES/NO Is the proposed activity the result of a collaborative effort with another institution, agency, or organization?

YES/NO Do you proposed to utilize the services of non-institutional (external) consultants/contractors? (If YES, and this is a federally funded project, the consulting rates cannot exceed federal guidelines and you must provide Contractor information.)

YES/NO Does the proposal contain proprietary information that could result in a patent or copyright?

**Review and Approval: As the PI and any Co-PIs, your signature(s) below certify that**

- (1) the time of individuals involved, staff support, faculty release time, space, equipment, facilities, hazardous material disposal, alterations, cost sharing funds, etc. required for this project are available or are a part of the direct costs requested in the proposal;
- (2) all information on this form is correct; and
- (3) in accordance with the institutional policy regarding financial disclosure, that you have no financial disclosure and are in compliance with federal, state, and institutional regulations regarding Conflict of Interest; and

**Signatures:** By your signatures below, you certify that you have reviewed this proposal and all accompanying forms; you are aware of all requirements of this project and are committed to providing them as obligated.

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Co-PI(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Institutional Safety: \_\_\_\_\_ Date: \_\_\_\_\_

*(required if procedural question #1 is answered YES)*

**Faculty:** After obtaining the above signatures, in addition to department chair and school dean, submit this form to the Office of Academic Affairs for further review by Academic Affairs and Business Affairs.

Department Chair (of PI): \_\_\_\_\_ Date: \_\_\_\_\_

School Dean (of PI): \_\_\_\_\_ Date: \_\_\_\_\_

VP Business Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Provost/VPAA: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff:** After obtaining all PI/Co-PI signatures, submit this form to your supervisor for approval and then to your Division VP and to Business Affairs for further review.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Division VP: \_\_\_\_\_ Date: \_\_\_\_\_

VP Business Affairs: \_\_\_\_\_ Date: \_\_\_\_\_