**Mansfield University**

Grants Development Office

Routing Sheet for External Grant Applications

(570) 662-4809

Revised 8/2013

For Internal Use Only

Please send this completed form to the Grants Development Office along with the completed proposal at least **ten** working days prior to the sponsor’s deadline.

**General Info**

Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension: \_\_\_\_\_\_\_\_\_\_\_\_

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

Co-Project Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension: \_\_\_\_\_\_\_\_\_\_\_\_

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

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If NSF: RCR training completed? Yes □ No □ *Please attach Certificate of Completion*

Proposal Status: New □ Continuation□ Supplement □ Revision □

Proposed Project Period: Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postmark □ Receipt □ Electronic □

Type of Application: Grant □ Contract □ Subcontract □ Cooperative Agreement □

 Other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Abstract of Proposal**

Please describe the project in the space below:

**Budget**

Does the project require short or long term staff commitments? Yes □ No □

Does the project need additional space on or off campus? Yes □ No □

Will the project require alterations or renovations of existing space? Yes □ No □

Will the project use student workers? Yes □ No □

*Indirect Cost Information:*

Are indirect costs being requested at the MU federally-negotiated rate? Yes □ No □

If no, what rate is being applied? \_\_\_\_\_% Restricted rate by sponsor □ Not allowed by sponsor □

*Cost Sharing Information:*

Is cost sharing involved with this project? Yes □ No □

If yes, is the cost sharing

 Required by sponsor□ Strongly encouraged by sponsor □ Offered voluntarily □

**Compliance Considerations**

|  |  |  |
| --- | --- | --- |
| *Does this project involve:* | **YES** | **NO** |
| Use of human subjects?If yes, approval from IRB must be obtained prior to start of project.  |  |  |
| Use of vertebrate animals?If yes, approval from IACUC must be obtained prior to start of project.  |  |  |
| Subcontracting?If yes, provide a budget and statement of work for each subcontractor. Subcontractors will be required to sign an agreement with MU. |  |  |
| Do you anticipate any program income?Defined as gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award |  |  |

**Conflict of Interest**

|  |  |  |
| --- | --- | --- |
| *A “yes” answer must be clarified* | **YES** | **NO** |
| Are you or your immediate family members major officers of, or employees with a managerial role, or have a significant financial relationship with the proposed sponsor?Federal regulations define “significant” as a financial interest exceeding either $10,000 ($5,000 for NSF) or 5% ownership regardless of financial value.  |  |  |
| Do you have a consulting relationship with this sponsor? |  |  |
| Has this sponsor provided you or your department with any gift funds? |  |  |
| Do you have any other relationships, commitments, activities, or financial/fiduciary interests that present potential or apparent conflicts of interest or commitment with the project?  |  |  |

**Intellectual Property/Technology Transfer Considerations**

It is understood that Mansfield University of Pennsylvania and third-parties may have rights in all discoveries and inventions made or conceived in performance of work on this project. The Principal Investigator(s) will furnish prompt and full disclosure of inventions made during performance of this project to the University’s Authorized Official. I have received the Technology Transfer and Commercialization Guide for PASSHE Faculty.

I, the project director, (check one): anticipate or do not anticipate developing Intellectual Property during this research/project. The anticipated Intellectual Property is (check all that apply)

Publications/presentations If you checked Software or Inventions, please describe in general terms:

Software \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inventions or discoveries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Export Control Compliance**

|  |  |  |
| --- | --- | --- |
| *Does this proposal, project or agreement:* | **YES** | **NO** |
| Contain language referring to or mandating compliance with export laws or regulations? |  |  |
| Restrict researcher participation (faculty, student, others) based on country of origin or citizenship? |  |  |
| Prohibit the involvement of foreign persons or entities? |  |  |
| Contain restrictions on foreign travel? |  |  |
| Require the researcher to participate in meetings with U.S. citizens only? |  |  |
| Grant the sponsor a right of prepublication review for matters other than the inclusion of patent and/or proprietary sponsor information? |  |  |
| Provide that any part of the sponsoring, granting, or establishing documents may not be disclosed? |  |  |
| Limit access to confidential data?  |  |  |
| Accept proprietary information as part of the project? |  |  |
| Involve materials, equipment, or technology that may be regulated by export control laws? |  |  |

**Project Director/Co-Project Director Statement:**

My signature below certifies that: 1) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; 2) I am aware of and agree to abide by the following Mansfield University policies: a) Drug Free Workplace, b) Conflict of Interest, c) Technology Transfer and Commercialization Guide for PASSHE Faculty and Other Employees, d) Research Misconduct, e) use of Human and Animal Subjects, and f) other policies as appropriate. Policies are available at <http://mansfield.edu/grants-development/>.

My signature below certifies that if the proposed project or relationship with the sponsor requires the disclosure of significant financial interests that present and actual or potential conflict of interest for any investigator or other key personnel and/or their immediate family(ies) involved in this project, then all investigators or key personnel and/or their immediate family(ies) have been identified and have provided a complete disclosure of this matter as instructed by the University’s Policy for Conflict of Interest.

It is understood that Mansfield University of Pennsylvania and third-parties may have rights in all discoveries and inventions made or conceived in performance of work on this project. The Project Director/Investigator(s) will furnish prompt and full disclosure of inventions made during performance of this project to the Office of Grants Development. I have received the PASSHE Technology Transfer and Commercialization Guide for Faculty and Other Employees and understand my obligations.

My signature below assures that 1) the information submitted within the application is true, complete and accurate to the best of my knowledge; 2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 3) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is award.

Project Director/Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Co-Director/Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Reviewed by GDO: \_\_\_\_\_\_\_\_\_\_

Approved by Provost: \_\_\_\_\_\_\_\_