Francis Marion University

**Grant or Contract** Proposal Concept Approval

*Version Revised October 13, 2016*

The purpose of this form is to allow you to request permission to ***develop*** a grant proposal as described below and to plan the commitment of University resources should this grant be awarded to FMU. This form ***does not*** give you permission to ***submit*** a grant proposal. Final drafts **must** be reviewed and approved by all relevant offices. Sections of the form will expand to accommodate additional text.

**Please identify whether this is a GRANT or CONTRACT: \_\_\_\_\_\_ Grant \_\_\_\_\_\_Contract**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date investigator submitted form for approval:** |  | | |
| **Principal/Interim Investigator:** |  | | |
| **Grant/Contract Title:** |  | | |
| **Grantor/Contracting Agency:\*** |  | | |
| **Proposal Deadline:** |  | | |
| **Grant/Contract Period:** |  | | |
| **Grant/Contract Amount:** |  | | |
| **FMU Matching Requirements:**  ***Identify budget source of any match.*** | 🞏 Yes | 🞏 No | If possible, amount: |
| ***Attach Brief Budget Overview:*** | *Provide a rough outline of how you expect funds to be expended. Budget categories are Salary, Fringes, Participant Costs, Equipment, Travel, Supplies, and Other Contractual Services.* | | |
| **Release Time:** | 🞏 Yes | 🞏 No | If possible, amount: |
| **Brief Description of Grant:** | Provide a summary of grant activities in this section. | | |
| **Attach Guidelines:** |  | | |
| **Approval:** |  | | |
|  | *Department Chair Date* | | |
| **Approval:** |  | | |
|  | *Dean Date* | | |
| **Approval:** |  | | |
|  | *Provost/Vice President Date* | | |
| **Approval:** |  | | |
|  | *President Date* | | |

***\* NOTE: If*** submitting to NIH, you must provide assurance that you have no financial conflicts of interest that may impact your research in any way in accordance with *42 CFR Part 50 Subpart F Promoting Objectivity in Research* and *45 CFR Subtitle A 94.4 Institutional responsibility regarding conflicting interests of investigators*. Should a financial conflict of interest exist, you must work with the institution to identify and manage, reduce or eliminate conflicting interest with respect to all research projects for which funding is sought. This is also a requirement of the South Carolina State Ethics Commission in its guidelines for all state employees in all aspects of their behavior (*Rules of Conduct Section 8-13-700, et al. – Use of official position or office for financial gain; disclosure of potential conflict of interest*.) By submitting this concept approval, you are indicating your understanding of these requirements. Please review the documents in question for full details regarding all applicable cautions and penalties. Information and training is available for free from NIH at: <http://grants.nih.gov/grants/policy/coi/>. All key personnel on a grant where human subjects are involved must complete training on human subject research at least every 3 years. That training is available at: (1) <https://phrp.nihtraining.com/users/login.php>. This is a requirement of our Federal Wide Assurance agreement.

***After all signatures have been obtained, please return completed form to***

**Shara Moore, SAB 107 *in Finance Services.***