**Francis Marion University**

Proposal Concept Approval Form

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.

Type of Funding: Grant Contract Cooperative Agreement  Other

**Principle/Interim Investigator:** Click or tap here to enter text.

**Department/School/Unit:** Click or tap here to enter text.

Please list any other FMU faculty or staff who will serve as co-PIs or provide substantial time to the grant/contract/agreement.

**Grant/Contract Title:**

Grantor/Contracting Agency:Click or tap here to enter text.

Proposal Deadline: Click or tap to enter a date.

**Grant/Contract Period:**

Start Date: End Date:

Is there a matching requirement? Yes No

Is a match being provided? Yes No

If yes to either of the above, amount/percentage? Click or tap here to enter text.

Release Time? Yes No If yes, amount/percentage? Click or tap here to enter text.

Are indirects allowed? Yes No

Are indirects being requested? Yes No

Note: If indirects are allowed they should be requested unless prior approval has been received. Please contact the Office of Sponsored Programs in such circumstances, and a determination will be made in consultation with the Vice President for Finance and Facilities.

Does your project/proposal involve human subjects research? Yes No

Note: Proposals involving human subjects need to be reviewed and approved by the institutional IRB. <https://www.fmarion.edu/provost/institutionalreviewboard/>

Does your project/proposal involve animal research? Yes No

Note: Proposals involving animal research need to be reviewed and approved by the institutional IACUC.

Does your proposal have the potential to impact other academic departments/schools at Francis Marion? Yes No

If yes, please provide the names of the other areas on campus that could be impacted and how: Click or tap here to enter text.

Does this grant involve working with other educational institutions, private businesses, or other organizations? Yes No

If yes, please provide the names of the outside organizations: Click or tap here to enter text.

**Grant Description:**

Provide a brief description/summary of the grant activities/project/program.

**Budget Description/Justification:**

Provide a brief description/summary of the planned budget. At a minimum, please provide a general outline of personnel costs, student wages/salary estimates, travel, and equipment/supplies.When requesting student wages, include the hourly rate being requested along with a justification for the requested rate to include the skills, expertise, and class rank for the students you propose to hire.

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| **Approval:** |  |
|  | Department Chair or Direct Supervisor Date |
| **Approval:** |  |
|  | Dean (if applicable) Date |
| **Reviewed:** |  |
|  | Sponsored Programs Date |
| **Approval:** |  |
|  | Provost/Vice President Date |
| **Approval:** |  |
|  | President Date |