

## Office of Foundation and Corporate Relations

2500 North River Road Manchester, NH 03106-1045 Phone 603-644-3137

### Corporate, Foundation, Government and Research Grants and Contracts Approval Form

Forms are available from the Office of Foundation and Corporate Relations, ext. 3137

<b>Date received by Grant office:</b> _____	<b>Deadline for Submission:</b> _____
<b>Source:</b> Foundation _____ Corporation _____ Federal _____ State _____ Other _____	
<b>Purpose:</b> Institutional _____ Research _____	
<b>Format:</b> Contract _____ Subcontract _____ Revised Budget _____ Supplement _____ Renewal _____ Other _____	

#### A. General Information

P.I.(s)/Project Director: \_\_\_\_\_ Dept.: \_\_\_\_\_

\_\_\_\_\_ Dept.: \_\_\_\_\_

Agency/Grantor: \_\_\_\_\_ Grant Period: \_\_\_\_\_ to \_\_\_\_\_

Specific program: \_\_\_\_\_ Total Request: \$ \_\_\_\_\_

Proposal Title: \_\_\_\_\_

#### B. Budget:

1. University Matching Funds requested: \_\_\_\_\_  
Required Match? Yes \_\_\_ No \_\_\_

Matching Funds source: \_\_\_\_\_ Matching Funds to be used for \_\_\_\_\_

Other Matching Funds and source(s) \_\_\_\_\_

2. Additional space or support (equipment, staff, etc.) required? Yes \_\_\_ No \_\_\_  
If yes, please itemize:

\_\_\_\_\_

3. Does this project require course release/work release? Yes \_\_\_ No \_\_\_  
If yes, please itemize:

\_\_\_\_\_

\_\_\_\_\_

- 4. Are **Indirect Costs** allowed? Yes \_\_\_ No \_\_\_ What is percentage age? \_\_\_\_\_
- 5. **Fringe Benefits** will be paid by \_\_\_\_\_

**C. Special Requirements**

- 1. Is there a contract involved? Yes\_\_\_ No\_\_\_ If yes, then requires internal routing to VP of Operations & Finance for approval.
- 2. Does this project involve human subjects? No \_\_\_ Yes \_\_\_NOTE: If yes, you must obtain IRB Approval.
- 3. **For NSF and DHHS Proposals only:**

**Conflict of Interest:** Are there significant financial interests to be reported by any individual(s) responsible for the design, conduct, or reporting of this project? Yes \_\_\_No\_\_\_. If yes, a **Significant Financial Interest Disclosure** form and accompanying materials must be submitted to the office of Foundation and Corporate Relations prior to receiving signatures of Deans or VPAA **and before this proposal is submitted.** Each P.I. must sign below.

\_\_\_I have reviewed the SNHU Conflict of Interest Policy and there is no significant financial interest by any party as defined above. If this changes during the period of the grant, a revised Disclosure form will be submitted immediately.

\_\_\_There is a significant financial interest and a Disclosure form was submitted to the Office of Foundation and Corporate Relations on (date):\_\_\_\_\_ by:\_\_\_\_\_

**NSF and DHHS P.I.(s):** \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

**D. Signatures/Approval to go forward (to be obtained in sequence)**

Project Director \_\_\_\_\_ Date \_\_\_\_\_  
Department Chair \_\_\_\_\_ Date \_\_\_\_\_  
Director, FCR\* \_\_\_\_\_ Date \_\_\_\_\_  
VP or Dean of the School\*\* \_\_\_\_\_ Date \_\_\_\_\_  
VP Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

\*Director of Foundation and Corporate Relations  
\*\*VP of Department or Dean of School, whichever is appropriate.