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Grant Pre-Proposal Form

***Required to be completed by PI/PD with each Grant Application Proposal***

***Please return to Meredith Albuquerque, Director of Sponsored Programs when completed (m.albuquerque@snhu.edu)***

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| 1. Project Information |  |
| Principal Investigator / Project Director Name:  Business Unit & Cost Center:  Email:  Phone: | Is this a Multi-PI Submission  No  Yes  *(If “Yes,” please indicate other PI(s) and Institutions* |
| Project Title: |  |
| Proposed Start Date (m/d/y): | Proposed End date (m/d/y): |
| Project Location:  On Campus  Off Campus *(Facilities not owned or leased by SNHU)* | |
| Please provide an abstract of the proposed project: | |

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| 1. Sponsor Information |  | |
| Public/Government  Federal *CFDA#*        *State CSFA#*        Local Govt | | Private  Foundation  Corporate  Other |
| Proposed Sponsor (Entity issuing award to SNHU): | Prime Sponsor (if-pass through): | |
| Funding Announcement/RFP:  *(Please include Website link)* |  | |
| Sponsor Deadline:  Sponsor Max $ Amount Allowed: | Letter of Intent or Pre-Application Needed Yes  No  (If “Yes,” please indicate due date)  Due Date: | |

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| 1. Financial Information ($) |  | |  | | | |
| Total Funding: $0.00 (auto calc ) | Direct Costs: | | Indirect Costs: | | | |
| Does funding agency require cost-share/institutional match?  Yes - *If Yes, provide cost share approval form*  No cost share is required  Does proposed budget include cost share that is not mandated by the sponsor?  No  Yes  *If Yes, provide cost share approval form* | | | | | | |
| Indirect Rate Recovery:  Full       *(DHHS Negotiated Rate)*  Partial       (Sponsor Cap)  None (Unallowable OR Budget driven)  *If partial or no indirect is checked, provide Waiver of Facilities & Administrative form* | | | | | | |
| Will any of the following personnel types be paid from the project?  SNHU – Faculty  Academic Release time  Supplemental Duties  SNHU – Staff (Current)  SNHU Administration (Finance/Coordinator)  Other  SNHU – Staff (New)  SNHU – Student  Please provide detailed explanation for personnel requests in the budget justification | | | | | | |
| Does the proposal budget include requested funds for any of the following:  SNHU is responsible for determining whether a relationship with a third party should be characterized as that of a subrecipient, an independent contractor or a fee-for-service vendor (contractor). Using the Subrecipient vs. Contractor Guidance and quick reference as a guide, please indicate if the project will include any of the below.  Subawards (If checked, provide Subrecipient Commitment Form prior to proposal submission)  Independent Consultants (Non-SNHU employees only)  Vendors (please be aware of SNHU Procurement Policy)  *If any of the above are checked, provide Subrecipient vs. Contractor Checklist for each and any of the above prior to proposal submission.* | | | | | | |
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| **Rudimentary Budget:** | |  |  |  |  | |
| **Cost Category (i.e. salaries, fringe, travel, supplies etc.** | | **Sponsor** | **SNHU** | **Other Sources** | **Total** | |
| Personnel | |  |  |  | **$0.00** |  |
| Fringe Benefits | |  |  |  | **$0.00** |  |
| Travel | |  |  |  | **$0.00** |  |
| Consultants & Subcontracts | |  |  |  | **$0.00** |  |
| Equipment | |  |  |  | **$0.00** |  |
| Materials and Supplies (*Under $5,000)* | |  |  |  | **$0.00** |  |
| Other Direct Costs | |  |  |  | **$0.00** |  |
| **TOTAL** | | **$0.00** | **$0.00** | **$0.00** | **$0.00** |  |

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| 1. **Other Resources / Compliance / Contractual** |
| Does the project involve any of the following:  Research (If checked, identify type of research below)  **Research** is defined as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Some service/training projects may involve research. For additional guidance, contact your IRB office.  **Basic Research**  - conducted to acquire new knowledge without any particular use or application in mind  **Applied Research** – conducted to gain the knowledge or understanding to meet a specific, recognized need  **Development** – systematic use of the knowledge or understanding gained from research directed toward the  production of useful materials, devices, systems, or methods including the design and development of prototypes and  processes  Human Subjects If so, IRB Approval:  A **human subject** is a living individual about whom the investigator conducting research obtains (1) data or samples through intervention or interaction with individuals, or (2) identifiable personal data. Before beginning any activities involving human subject’s research, you will need Institutional Review Board review and approval. For guidance, please contact your IRB office:  University Campus IRB: <https://studylib.net/doc/9519192/the-irb-process---southern-new-hampshire-university>  Email: [irb@snhu.edu](mailto:irb@snhu.edu)  Global Campus IRB <http://family.snhu.edu/Offices/COCE/IRB/Pages/faq.aspx>  Email: [coce.irb@snhu.edu](mailto:coce.irb@snhu.edu)  Hazardous/Controlled substances/materials  Export Controls: Includes data, technology, or equipment, to foreign- countries or persons – within and outside the U.S.  Restrict publication or dissemination of information? |
| Additional Space requirement:  New Space  Renovations  Other – please explain |
| Substantial additional resources beyond SNHU capacity: (provide specific detail on separate page):  Laboratory Resources  ITS Support  Library support Other – please explain |

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| **Certifications and Signatures** | | |
| **Principal Investigator (PI) / Project Director (PD) hereby certify the following:** | | |
| 1. All information provided for this proposal and this form is true, accurate and complete to the best of my knowledge. 2. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. 3. If an award is made, I understand I am responsible for compliance with award terms and conditions and university policies and procedures; particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management. 4. If there are any changes to key and/or responsible personnel on the project, I agree to inform the Associate Director of Grant Compliance immediately. | 1. I certify that I have no significant financial conflict of interest in the proposed project and will file/update the Conflict of Interest Disclosure Form prior to and during the award as interests/relationships change. 2. All individuals proposed to work on this project are not debarred, suspended, or otherwise to receive Federal or state funds. 3. I am aware of federal requirements on lobbying and I am in compliance and have disclosed any lobbying activity. 4. I understand that federal funds cannot be used for political activity of any kind. | |
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| PI/PD Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: |
| **Supervisor and/or Dean hereby certify to the following:** | | |
| 1. The proposed work is consistent with department, school or center objectives and I support the proposal. 2. I understand and approved academic release time or supplemental duties, if applicable | 1. There are adequate resources and/or space available in order to conduct the proposed or a plan has been made to ensure adequate resources and/or space if funded. | |
| Supervisor / Executive Leadership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | |