

Deadline Date _____ mm/dd/yy

Receipt Date Postmark

Open

Abraham Baldwin Agricultural College External Grant Approval Form

Proposal Number

APPLICATION DATA

Title of Proposal:

Proposed Project Begin Date:

Proposed Project End Date:

Primary Sponsoring Agency:

Grant Program Name (if applicable):

Subawarding Entity (if applicable):

Sponsor Address:

Sponsor Contact Info:

INVESTIGATOR DATA

(Include Data for ABAC Faculty or Staff Only: Collaborators not employed by ABAC should not be listed here.)

PI: Last Name:

First:

E-Mail:

Campus Address:

Campus Phone

Dept:

Co-PI: Last:

First

Dept:

Co-PI: Last:

First

Dept:

PROPOSAL DATA

Type of Project
(Select One)

Category of Project
(Select One)

Type of Agency
(Select One)

- New Supplement
 Renewal Revised
 Continuation

- Research Instruction
 Public Service Other

- Federal Industry
 State Other
 Private

COMPLIANCE DATA

Use of Human Subjects?
 Yes No

Use of Animal Subjects?
 Yes* No

Application to be submitted.

Curricular Implications
 Does the project involve the department of a new minor or major?
 Yes* No

Approval Pending:
 Date submitted to IRB: _____

Subaward/Subcontract/Subagreement

Will you be working with an external institution or agency to perform any portion of the proposed project?

IRB Application approved.

Yes* No

Application Number: _____
 Date: _____

*If you answer yes to any of these questions, please contact
 Ms. Betty McCorvey at ext. 4896 or bmccorvey@abac.edu

CONFLICT OF INTEREST CERTIFICATION

INTELLECTUAL PROPERTY

Based on ABAC's COI policy, do you or members of your family have external relationships that have the potential for a conflict of interest?

PI Yes* No

Co-PI Yes* No

Co-PI Yes* No

- This project involves material that may result in a patent or copyright.
 This project involves material that should be labeled "proprietary information."
 Not applicable.

*If yes, please contact Ms. Betty McCorvey at ext. 4896
or bmccorvey@abac.edu

REQUESTED FUNDS

	Year 1	Year 2	Year 3	Year 4	Year	Total
Direct Project Costs						
F&A Costs (Indirects)						
Total Requested						

DETAILED COST SHARE/MATCH

Cost Category	Year 1	Year 2	Year 3	Year 4	Year	Total ABAC Cost Sharing
Faculty Effort						
Adjunct Compensation						
Equipment						
Space						

COMMENTS

(Please share any information about College cost-sharing, limits on recovery of indirect costs, and/or partnerships with industry or other institutions.)

SIGNATURES

INVESTIGATOR(S) CERTIFICATION: My signature below certifies that 1) I am not delinquent on any federal debt; 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency; 3) I have not and will not lobby any federal agency on behalf of this award.

_____	_____	_____	_____
Principal Investigator/Project Director (Signature Required)	Co-Investigator/Director		Date
_____	_____	_____	_____
Title	Date	Co-Investigator/Director	Date

ADMINISTRATIVE APPROVALS: the officials whose signatures appear below have examined the attached proposal. The principal academic review of the proposal is the responsibility of the Department/Division/Center and School/College. These signatures indicate that the signers are familiar with the proposal, are satisfied with and are responsible for all commitments in the proposal as they relate to their areas, space, personnel, or budget.

_____	_____	_____	_____
Division/School Chair/Supervisor	Date	Division/School Chair/Supervisor (if applicable)	Date
_____		_____	
Dean /VP (if applicable)		Date	
_____		_____	
Grants and Development Director		Date	
_____		_____	
Vice President and Dean of Academic Affairs		Date	