



Kutztown University Office of Grants and Sponsored Projects Application Approval Form

In Order to Guarantee Submission, Proposal Must be Submitted to the Grants Office 5 Business Days Prior to Agency Deadline.

1. Principal Investigator/ Project Director Name: First: <input type="text"/> Middle: <input type="text"/> Last: <input type="text"/>		Degree(s): <input type="text"/>		Academic Rank/Admin. Title: <input type="text"/>	
College Division: <input type="text"/> Department: <input type="text"/>		2. College/Division: <input type="text"/>		Phone: <input type="text"/> Fax: <input type="text"/>	
3. Co-Investigator(s) Name: <input type="text"/>		College: <input type="text"/>		Co-Investigator(s) Department: <input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
4. Project Title: <input type="text"/>					
5. Sponsor Funding Agency: <input type="text"/>			6. Sponsor Type: <input type="text"/>		
7. Deadline Date: <input type="text"/>		No Deadline/ Unknown		8. Deadline Type: <input type="text"/>	
(as specified by agency)				(as specified by agency)	
9. Project Type: <input type="text"/>			10. Project Status: <input type="text"/>		
11. Does the project involve human subjects? Yes No		Status: <input type="text"/>		Protocol #: <input type="text"/>	
(No project activity allowed without approval of protocol)					
12. Does the project involve animals? Yes No		Status: <input type="text"/>		Protocol #: <input type="text"/>	
(No project activity allowed without approval of protocol)					
13. Does the project involve radiation or radioactive materials? Yes No		14. Does the project involve biohazards? Yes No			
15. Estimated Project Dates: First/Current Year: <input type="text"/>		Finish: <input type="text"/>		Total Project Period: Start: <input type="text"/>	
				(all years) Finish: <input type="text"/>	
16. Does the project incorporate faculty reassigned time? Yes No		17. Does the project incorporate faculty dual compensation? Yes No		18. Are Cost-sharing/matching funds required by sponsor? Yes No	
19. Budget		Sponsor Costs		Cost-Share/Matching **	
		Direct Costs		Dept/College	
		F&A Costs*		Other	
First or Current Year:		Total Costs			
Total Project Period:				F&A* Percentage Used: <input type="text"/> %	
* Unless Facilities and Administrative (F&A) costs, also known as indirect costs, are specifically limited or prohibited by written sponsor policy, reduction and waivers of F&A costs must be approved, in writing. Provide a copy of sponsor's written policy regarding F&A. Current F&A costs are 44% on-campus and 22% off-campus.					
** Attach a separate, detailed budget for any cost sharing proposed and an approval letter from each appropriate institutional official authorizing the cost shared funds.					
20. Is the proposed activity a fixed-price, commercially sponsored activity or service for fee agreement? Yes No					
If yes, contact the Kutztown University Office of Grants and Sponsored Projects regarding the contract template to use.					
21. Does the project involve one or more subcontracts or subawards? Yes No					



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22. Conflict of Interest Certification (signatures Required)

Federal regulations require institutions to have policies and procedures in place to ensure that Investigators disclose any Significant Financial Interests that may present an actual or potential Conflict of Interest in relationship to externally sponsored projects. Investigators must read the University's Conflict of Interest Policy.

The following Conflict of Interest Certification must be completed by each Investigator involved in the design, conduct, or reporting of research or activities proposed for funding. Kutztown University reserves the right to not process proposals and/or applications if all required disclosures are not submitted.

I certify that I: 1) Have read and understood Kutztown University's Conflict of Interest Policy and agree to comply with it; and, 2) Agree to update the disclosure information during the period of the award, either on an annual basis or if my Significant Financial Interests change. Furthermore, if a disclosure is required, I will complete a Significant Financial Interest Disclosure form, attach all required supporting documentation, and send it to the Office of Grants and Sponsored Projects.

I certify that, to the best of my knowledge, the proposed project:

Does NOT require disclosure. Does require disclosure

Investigator Name: Date:

I certify that, to the best of my knowledge, the proposed project:

Does NOT require disclosure. Does require disclosure

Co-Investigator Name: Date:

I certify that, to the best of my knowledge, the proposed project:

Does NOT require disclosure. Does require disclosure

Co-Investigator Name: Date:

I certify that, to the best of my knowledge, the proposed project:

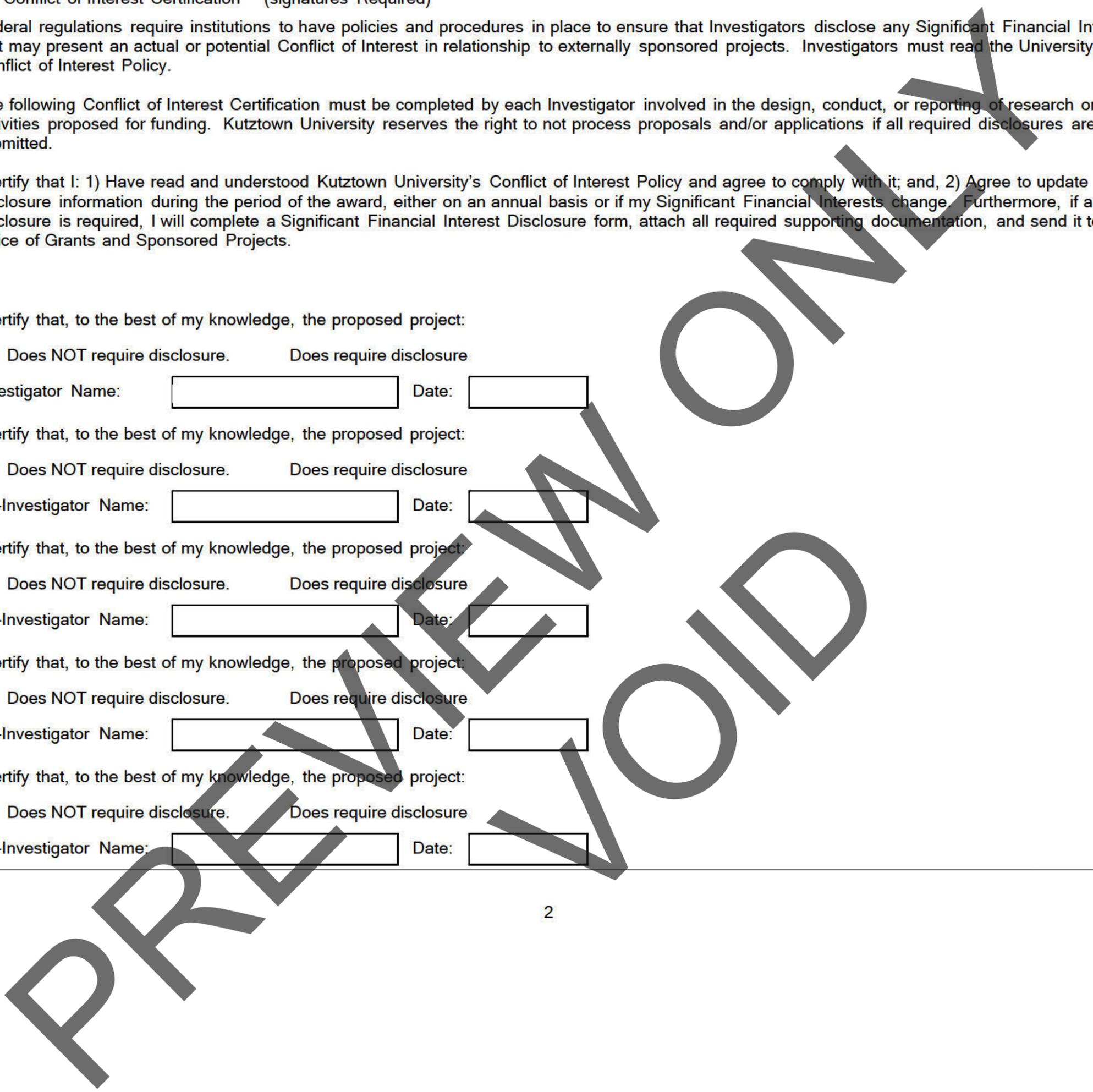
Does NOT require disclosure. Does require disclosure

Co-Investigator Name: Date:

I certify that, to the best of my knowledge, the proposed project:

Does NOT require disclosure. Does require disclosure

Co-Investigator Name: Date:





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23. Intellectual Property

University personnel who anticipate the possibility of creating potentially patentable Intellectual Property through their research endeavors, have the duty to alert University administrators of the possibility at the outset of their research.

It is understood that the Kutztown University of Pennsylvania and third-parties may have rights in all discoveries and inventions made or conceived in performance of work on this project. The Principal Investigator(s) will furnish prompt and full disclosure of inventions made during performance of this project to the University's Authorized Official.

I, the Principal Investigator/Project Director, have read and understood the Technology Transfer and Commercialization Guide for PASSHE Faculty.

I, the Principal Investigator/Project Director, (check one) Anticipate Do Not Anticipate developing Intellectual Property during this research/project. The anticipated Intellectual Property (Check all that apply):

Publications/presentations

Software

Inventions or discoveries

If Software or Inventions/discoveries has been checked, please describe the above Intellectual Property in general terms:

Investigator Name:	<input type="text"/>	Date:	<input type="text"/>
Co-Investigator Name:	<input type="text"/>	Date:	<input type="text"/>
Co-Investigator Name:	<input type="text"/>	Date:	<input type="text"/>
Co-Investigator Name:	<input type="text"/>	Date:	<input type="text"/>
Co-Investigator Name:	<input type="text"/>	Date:	<input type="text"/>

24. Export Controls

Are any foreign nationals involved, or foreign travel? (This includes Co-Investigators) Yes No

Explanation:



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25. Certification and Approval Signatures

The undersigned investigator(s), chair(s) and dean(s) acknowledge approval of this proposal and its use of university personnel, facilities and students.

The undersigned have read, understand and will abide by all applicable university, sponsoring agency, and federal policies and guidelines. This includes, but is not limited to, fraud and misconduct, procurement, debarment and suspension, federal loan defaults and drug-free workplace policies. The investigator(s) certifies that they are not debarred from receiving federal funds nor is delinquent on any federal debt. Further, the investigator(s) certifies that the information submitted within the application is true, complete and accurate to the best of the investigator(s) knowledge; (2) that any false, fictitious or fraudulent statements or claims may subject the PI(s) to criminal, civil or administrative penalties; and (3) that the investigator(s) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the

26. Who is submitting the grant application?

Office of Grants and Sponsored Projects Principal Investigator

Approval Signatures

Investigator/Co-Investigator(s)	Department Chair/Supervisor	Dean/Director (Required)
Name: <input style="width: 80%;" type="text"/> Email: <input style="width: 80%;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Name: <input style="width: 80%;" type="text"/> Comments: <input style="width: 100%; height: 20px;" type="text"/>	Name: <input style="width: 80%;" type="text"/> Comments: <input style="width: 100%; height: 20px;" type="text"/>
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Name: <input style="width: 80%;" type="text"/> Email: <input style="width: 80%;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		

27. Sponsor Agency's Address: (Please note that FedEx deliveries require a street address)

Recipients Name: Phone Number: Organization:
 Address Line 1: Address Line 2:
 City: State: Zip:



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Office of Grants and Sponsored Projects Internal Use Only

OGSP No: [] Submission: []

Comments:

[]

Approval Signatures Obtained by Office of Grants and Sponsored Projects:

Director, Office of Grants and Sponsored Projects

Name: []

Comments:

[]

Provost

Name: []

Comments:

[]

President

Name: []

Comments:

[]