|  |
| --- |
| **Grants Office Proposal Log ID #:**  |
|  |
| Sponsor Deadline (date/time):  |
| Submission Date:  |

**Proposal Submission FORM-1 B**

 **Submit form to: Cate Croteau, Director of Institutional Grants and Supportive Programs @** **ccroteau@ben.edu****. FORM MUST BE SUBMITTED WITH ALL FINAL SUBMISSION DOCUMENTS ONE WEEK PRIOR TO DEADLINE DATE. Include completed Preliminary Proposal Submission Form 1A.**

**General Information**

|  |
| --- |
| Project Director/Principal Investigator:  |
| Title:  |
| Email:  |
| Phone:  |
| Fax:  |
| College:  |
| Department/Center:  |
| Project Locations (building and room): *(List all locations in which Benedictine personnel* *will perform project-related work*) |

**Project Information**

|  |
| --- |
| Project Title:  |
| Funding Agency:  |
| Funder Contact Phone and/or Email:  |
| Proposal Type: [ ] New [ ] Preliminary Proposal [ ] Competitive Renewal [ ] Continuation [ ] Other:  |
| If Proposal is in Response to a Solicitation Request (e.g., RFA, RFP), Sponsor Solicitation #       |

**Contact Information for Benedictine University Employee/Grant Administrator submitting this form:**

|  |
| --- |
| Name & Role of Person Completing Form: |
| Phone: |

**Budget Information (please attach detailed budget; template available upon request)**

|  |
| --- |
| Total Amount Proposed: $Amount Proposed for First Budget Period: $  |
| Proposed Project Period: x to x |
| Proposed Budget Period: x to x |

**Commitments**

Please answer all application questions below.

|  |  |  |
| --- | --- | --- |
| **Matching Funds/Cost Sharing:** Have any matching funds/cost sharing commitments been made in order to submit this proposal?[ ]  Required by solicitation (mandatory) [ ]  Not required by solicitation (voluntary) List Source of matching funds:  | **YES**[ ]  | **NO**[x]  |
| **Resources:** Will additional resources be needed? If so, please specify.  |[ ] [ ]
| Library?  |[ ] [ ]
| Computer/Technical?  |[ ] [ ]
| Space?  |[ ] [ ]
| **Subcontracts:** Is a subcontract to another organization planned? If Yes, attach a letter of intent, approved budget, and statement of work endorsed by an official of that organization. |[ ] [ ]
| **Consulting:** Are any key personnel on this project currently doing paid consulting work for the same sponsor that be supporting the proposed project? |[ ] [ ]
| **Financial Conflict of Interest:** Is this project supported by HHS agencies (including the NIH, CDC, and AHRQ), NSF, AHA and ACS; and all industry sponsored trials? If so, please submit Form-2 alongside this form. |[ ] [ ]
| **Human Subjects:** Are human subjects involved in the project?If yes, please attach approval from the Institutional Review Board (IRB)  |[ ] [ ]
| **Animal Use**: Are animals involved in the project? If yes, please attach approval from the IACUC committee.  |[ ] [ ]
| **Other Commitments:** Are there other proposal commitment that have not been disclosed in this section? If Yes, please describe:   |[ ] [ ]

**Personnel/BU Faculty & Staff Working on Project**

List below ALL faculty and other key personnel on this project

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Role in Project(ex: PI)** | **Email Address** | **Department/Center** | **% charged to Grant** | **% Cost Shared\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*Cost-Sharing is effort allocated to the project, but not paid for by the project. This Effort is paid by institutional funds.*

**Signatures** *I/We certify that the proposed work is consistent with department, college, or center objectives and endorse the proposal to the agency named. I/We are aware of commitments and obligations described.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Name (typed or printed)* | *Signature* | *Date* |
| **Principal Investigator:** |  |  |  |
| **Department Chair/ Center Director:** |  |  |  |
| **Dean:** |  |  |  |
| **Provost or Designee:**  | **Kenneth F. Newbold, Jr. Ph.D.** |  |  |