

# HAMPSHIRE COLLEGE

## GRANT PROPOSAL ROUTING FORM

Please complete this form, obtain the required signatures, and deliver it along with your proposal, financial disclosure form, budget, and budget justification to **Marjorie Hutter** ([mhutter@hampshire.edu](mailto:mhutter@hampshire.edu)) or **Beth Lisi** ([blisi@hampshire.edu](mailto:blisi@hampshire.edu)).

<b>FACULTY/ADMINISTRATIVE STAFF MEMBER</b>		
Principal Investigator (PI) (First & Last Name):		
Institution: <b>Hampshire College</b>		
School:	Email:	Campus Phone:
Co-PI (First & Last Name):		
Institution:		
Dept./School:	Email:	Campus Phone:
<b>GRANT INFORMATION</b>		
Funding Agency (Grantor):		
Proposal Title:		
Check if applicable: <input type="checkbox"/> Collaborative Proposal <input type="checkbox"/> Subcontract		
If yes, please identify the lead institution and/or collaborators and sub-awardees:		
Location of project: <input type="checkbox"/> Hampshire Campus <input type="checkbox"/> Other (specify):		
This project is a/an: <input type="checkbox"/> Faculty Grant <input type="checkbox"/> Institutional Grant    Check if applicable: <input type="checkbox"/> Resubmission		
Is this project? <input type="checkbox"/> Programmatic <input type="checkbox"/> Research <input type="checkbox"/> Proprietary		
Other Active Grants/Time Commitment(s) by PI:		
<b>Other Matters/Concerns:</b>		
<b>BUDGET (check all that apply)</b>		
Grant Request: \$		Date Requested/Submitted:
Grant Will Cover: <input type="checkbox"/> Summer Salary <input type="checkbox"/> Equipment (\$5,000 and over)		
<input type="checkbox"/> Other Personnel (post-docs, technicians) <input type="checkbox"/> Other:		
Does the project involve course release? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the project include cost sharing (cash, personnel, or in-kind) from the college or other sources? <input type="checkbox"/> Yes ( <i>Note: Matching must be approved by the Dean of Faculty &amp; the VP for Finance &amp; Administration.</i> ) <input type="checkbox"/> No		
Does this project include an indirect cost (IDC) request? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain why not:		

**EQUIPMENT AND SPACE**

Will this project involve the purchase of computer hardware, software or other IT equipment?  Yes  No

Does the project require additional laboratory or office space for equipment, employees, and/or students?

Yes  No

**COMPLIANCE**

Will the project use human subjects?  Yes  No

If yes, has the project received IRB approval?:  Yes  No (Note: If no and the grant is awarded, the PI must contact the IRB in advance of starting the project.)

If yes, please provide: Approval date: IRB Assigned #:

Will the project require the use of live vertebrates or vertebrate tissue harvested at Hampshire?  Yes  No

If yes, has the project received IACUC approval?  Yes  No

If yes, please provide: Approval date: IACUC Assigned #:

Will the project use recombinant DNA, infectious agents, or regulated biological materials such as select agents or human/primate blood or tissues?

Yes  No

Will the project use radioactive materials or Class IIIB or IV lasers?  Yes  No

Does the proposed project need an export control compliance review?  Yes  No

Have the Principal Investigator and Co-Investigator(s) been debarred or suspended from doing business with the federal government?

Yes  No

**OTHER: FACULTY SPECIFIC**

Is the faculty member going on sabbatical?  Yes  No

If yes, please provide the semester/year:

Is the faculty member retiring/retired?  Yes  No

If yes, does the faculty member have/will have Emeritus status?  Yes  No

**SIGNATURES**

Principal Investigator:		Date:	
School Dean:		Date:	
Dean of Faculty:		Date:	
Finance & Administration Official:		Date:	