



**KNOX**  
COLLEGE

## External Grant Proposal Authorization Form

Submittal of this form is required when developing proposals for external funding. This process serves three functions:

- (1) To ensure that financial, facility, technical and other necessary support is committed to your project;
- (2) To ensure that the College remains compliant with funding agency regulations and assurances;
- (3) To ensure that proper internal authorizations are secured to permit submission of a grant proposal on behalf of Knox College.

**See instructions on page 4, including form deadline information and contacts for assistance.**

Knox Grant Seeker(s)/PI(s) \_\_\_\_\_  
Department/Office/Program: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Funding Organization/Agency: \_\_\_\_\_  
Funding Program (if applicable): \_\_\_\_\_  
Program/Application URL: \_\_\_\_\_  
Deadline Date: \_\_\_\_\_ [ ] Postmark [ ] Received [ ] Electronic submission  
Project (Working) Title: \_\_\_\_\_

Select all that apply to define the type of proposal:

☐ Inquiry ☐ New Proposal ☐ Renewal ☐ Revision ☐ Subcontract under another applicant

If you are applying as a co-PI or through a subaward or subcontract with another person/agency, indicate name of the co-PI/Grant Seeker, title, and institutional affiliation: \_\_\_\_\_  
\_\_\_\_\_

**Budget:** Your proposed budget should be submitted along with this form (see instructions, page 4).

\* *Knox match/cost sharing requires institutional approval.*

\*\* *Consult with Director of Corporate, Foundation, and Sponsored Research Support for indirect cost rates.*

Total project cost:
Amount to be requested from funder:
Does opportunity allow indirect cost requests**? [ ] no [ ] yes [ ] unsure
CASH match*: \$_____ required \$_____ voluntary Source/proposed source? _____
IN KIND match*: \$_____ required \$_____ voluntary Source/proposed source? _____



**Personnel:**

Are you requesting funds to support sabbatical or other leave/course release time?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Are you requesting funds for salary, stipends or wages –for you or others?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Are you requesting funds to support student researchers/assistants?	<input type="checkbox"/> no	<input type="checkbox"/> yes

**Equipment, Facilities, Information Technology:**

Are you requesting funds for new equipment or instrumentation?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Will new equipment or instrumentation require annual budgetary support?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Will new equipment or instrumentation involve special installation?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Will this involve the need for refurbished or renovated space?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Will you need additional technology? (computer, server space, data storage, etc.)	<input type="checkbox"/> no	<input type="checkbox"/> yes
Will Knox be expected to replace/update equipment/peripherals/software in the future?	<input type="checkbox"/> no	<input type="checkbox"/> yes

Explain the institutional equipment/facilities/IT requirements, how those requirements will be met and paid for, and, if necessary, with whom you've spoken to secure internal commitments (Director of Facilities Services, VP of ITS, etc.):

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**Research Compliance** (see instructions, page 4, for additional information):

Are human subjects involved?	<input type="checkbox"/> no	<input type="checkbox"/> yes	⇒	IRB approval*?	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> pending
Are animals involved?	<input type="checkbox"/> no	<input type="checkbox"/> yes	⇒	IACUC approval*?	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> pending
rDNA , Biohazards?	<input type="checkbox"/> no	<input type="checkbox"/> yes	⇒	Safety approval**?	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> pending
Radioactive materials?	<input type="checkbox"/> no	<input type="checkbox"/> yes	⇒	Radiation approval**?	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> pending
NSF – student participants?	<input type="checkbox"/> no	<input type="checkbox"/> yes	⇒	Will PI ensure responsible conduct of research training?	<input type="checkbox"/> no	<input type="checkbox"/> yes	

\* IRB Chair/IACUC Approval (sign/date OR attach documentation of approval/exemption for project):

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\*\* Safety/Radiation Officer Approval (sign/date OR attach documentation of approval/exemption for project):

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**Community Involvement:**

Will PIs, project personnel, and/or students be working with minor children (under age 18) in the funded project? \* (Student Mandatory Reporter Training may be required.) ☐ no ☐ yes

Will PIs, project personnel, and/or students be conducting any aspect of this project off campus? \* (Additional institutional insurance may be necessary.) ☐ no ☐ yes

\* Please explain: \_\_\_\_\_

**Federal Certification Requirements:**

Is the PI/Grant Seeker debarred, suspended, or otherwise excluded from covered transactions by any Federal department or agency? (Are you prohibited from receiving federal funding for any reason?) ☐ no ☐ yes

Is the PI/Grant Seeker delinquent on any federal debts? ☐ no ☐ yes

Has anyone lobbied on behalf of this proposal? ☐ no ☐ yes

Are all named participants in compliance with the College's drug-free workplace policy? ☐ no ☐ yes

Is there a potential "significant financial interest" related to this project? ☐ no ☐ yes

**Certifications and Authorizations:**

*I certify that the statements made in the attached proposal and the above certifications are true and complete to the best of my knowledge. I agree to comply with relevant federal requirements and the award terms and conditions if an award is made.*

\_\_\_\_\_  
Signature of PI/PD/Grant Seeker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co- PI/PD/Grant Seeker

\_\_\_\_\_  
Date

*The attached proposal fits the department's program and objectives. Adequate space is available or planned to conduct the project. The professional time allotted is realistic and within College guidelines.*

\_\_\_\_\_  
Signature of Department Chair or Director

\_\_\_\_\_  
Date

*The attached proposal, budget, and supplementary materials (if applicable) have been reviewed to ensure compliance with institutional policies and protocols.*

\_\_\_\_\_  
Signature of Director of Corporate, Foundation, and Sponsored Research Support

\_\_\_\_\_  
Date

*If the attached proposal involves institutional cash or in kind match, any program delivery to minors, or off campus activity, matters of institutional matching commitments, Mandatory Reporter Training and/or additional institutional insurance requirements have been resolved. I approve submission of the attached proposal.*

\_\_\_\_\_  
Signature of Vice President for Finance and Administrative Services

\_\_\_\_\_  
Date



*The attached proposal is consistent with the overall objectives of the College and all institutional concerns are resolved. I authorize submission of the attached proposal.*

Signature of President OR Vice President for Academic Affairs/Dean of the College

Date

**Instructions:**

1. Contact the Office of Corporate, Foundation, and Sponsored Research Support as far in advance as possible to discuss your planned proposal.
2. Draft your proposal and budget, working with CFSR for assistance if desired.
3. Complete this form, obtaining a signature from your Department Chair or Director, and other signatures/approvals as necessary.

***Do not obtain the signatures of VPs or the Dean or President at this stage.***

4. Submit form, proposal draft, and budget to the Director of Corporate, Foundation, and Sponsored Research Support ***at least two weeks before the proposal submittal deadline.***
5. The CFSR Director will forward the materials to the appropriate Deans and VPs for review and signature. The CFSR Director will notify you of the decision and provide a copy for your records.

**For Assistance and Form Submittal:**

Anne-Marie P. Berk

Director of Corporate, Foundation, and Sponsored Research Support

Advancement Office Suite, SMC

K-230

Office: (309) 341-7793

Cell: (309) 335-8109

[apberk@knox.edu](mailto:apberk@knox.edu)

<https://www.knox.edu/offices/academic-affairs/faculty-grants-and-sponsored-research>

***CFSR Office Use:***

Initial contact:

Form received:

Notes :