

Hamilton College Grant Proposal Endorsement

Principal Investigator _____ Dept. _____ Phone _____
 Funding Source _____ Deadline __/__/__ Postmarked Received
 Project Title _____

BUDGET: A COPY OF THE BUDGET MUST BE ATTACHED TO THIS FORM

Cost-Share/Match? Yes No
 Percent/amount match on required by funding source: _____ %/\$
 Amount of match committed in budget: \$ _____

Does the proposal involve the creation of a new position? Yes No
 Are you requesting support for a leave that will impact your teaching or administrative responsibilities? Yes No
 Are you requesting funding for equipment? Yes No
 Are there any special installation requirements? Yes No
 Will additional space/renovations be necessary? Yes No

FEDERAL COMPLIANCE

Is the PI debarred/suspended/otherwise excluded from covered transactions by any Federal dept./agency? Yes No
 Is there a potential *significant financial interest* related to this project? Yes No
 Is the PI delinquent on any federal debts? Yes No
 Has anyone lobbied on behalf of this proposal? Yes No
 Are all named participants in compliance with the College's Drug-Free Workplace Policy? Yes No
 Will you maintain compliance with the College's RCR Policy? Yes No
 Are you in compliance with the College's Nepotism Policy? Yes No

RESEARCH ISSUES:

Animal research? No **Yes** **IACUC Approval:** _____ __/__/__
 Human subjects? No **Yes** **Human Subjects Approval:** _____ __/__/__
 Radioactive Materials? No **Yes** **RSO Approval:** _____ __/__/__
 Radiation Generating Equipment? No **Yes** **RSO Approval:** _____ __/__/__

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, YOUR PROPOSAL MUST BE REVIEWED BY THE DIRECTOR OF ENVIRONMENTAL PROTECTION, SAFETY, AND SUSTAINABILITY PRIOR TO SUBMISSION.

Will a Class IIIb or IV laser be used? Yes No
 Will any dioxin precursors or otherwise acutely toxic chemical materials be used from any of the following lists?
 o [EPA P-List](#) Yes No
 o [EPA Extremely Hazardous Substance List](#) Yes No
 o [Department of Homeland Security Chemicals of Interest List](#) Yes No
 Will any biohazardous materials be used? Yes No
 Will any [HHS/USDA Select Agents or Toxins](#) be used? Yes No
 Will any [DEA Schedule I-V Drugs](#) be used? Yes No
 Will any transportation of hazardous materials take place? Yes No
 Are there sufficient existing engineering controls to safely handle/manage all radiological, laser, chemical and biological hazards to be used? Yes No

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 the award is made. I agree to spend all matches within the grant period.

 PI/Project Director Date

The attached proposal is within the total program and academic objectives of the department. Adequate space is available or planned for the conduct of the project. The professional time allocations described therein are realistic.

 Department Chair Date

The attached proposal is consistent with the overall goals of the College and all institutional and budgetary concerns are resolved.

 Dean of Faculty Date