



**GRANT PROPOSAL
PRE-PROPOSAL CLEARANCE (FORM A)**

Date: _____ Sponsoring **DYC** Department: _____

Project Initiator: _____ Phone # _____

Title of Project: _____ Funding Sponsor(s): _____
(Include CFDA # or other identifier if applicable)

Purpose: _____

Grant Period: _____ to _____ Due Date: _____ Date to Start Approval Process: _____

Proposal is for: new funding **Estimated Amount Requested: \$** _____
 renewal funding

Estimated **DYC Cost Share? \$** _____ **Estimated Third Party Match? \$** _____

DYC financial obligation at end of grant period: \$ _____ **Estimated Indirect Costs to **DYC**** _____
% or dollar amount

Explain: _____

(Staff, maintenance, materials, space, etc)

Please supply an explanation for “Yes” answers in the space provided below. * “Yes” responses require VP signature.

1. Yes No Will full-time faculty/staff be employed under this grant?
2. Yes No Will this grant require release time for present faculty/staff?
3. Yes No Will additional faculty/staff be hired under this grant?*
4. Yes No Are any classrooms, offices, college owned equipment, or laboratories being committed under this grant?*
5. Yes No Will the college acquire equipment under this grant? Describe.
6. Yes No Will grant activities require installation expenses and/or maintenance contracts?
7. Yes No Will this project be undertaken with other institutions? Which?*

Certification of receipt and understanding of PHS-FCOI Regulation and **DYC** FCOI Policy by all Investigators

Agreement to complete FCOI Training and Disclosure Forms prior to submission of application by all Investigators

SIGNATURES: The undersigned seek or endorse the development of this proposal

PROJECT DIRECTOR (PD) or PRINCIPAL INVESTIGATOR (PI) Signature _____ DATE _____

DEPARTMENT CHAIR/SUPERVISOR Signature _____ DATE _____

APPROPRIATE DEAN Signature _____ DATE _____

*VICE PRESIDENT Signature _____ DATE _____