

3. ADVANCEMENT OF PROGRAM, DEPARTMENT AND UNIVERSITY

a). How does this project relate to the strategic priorities of your program, department and the University and how does it contribute to its health, stability or growth?

b) What program(s) or department(s) will be affected by or benefit from this funding?

c) Please provide a brief description of the project.

4. BUDGET INFORMATION AND INSTITUTIONAL CONTRIBUTIONS

a) Proposed Period of Performance: Starts: _____ Ends: _____

b) Estimated Amount of Request: _____

c) Does the funding source allow indirect costs? Yes No
If yes, what is the maximum percentage allowed by sponsor?

d) Does the funding source require matching funds (cost sharing) from the applicant? If so, what is the requirement? Yes No

e) Identify the availability and source of any required for cost share.

f) Will more than one department/program receive support if the proposed budget is funded? Yes No
If yes, please indicate the approximate percentage of external funding each department will receive.

g) Does this project propose any faculty release time? <i>If yes, the Dean's signature conveys approval of release time.</i>	Yes	No
h) Does the proposed budget include the acquisition of equipment?	Yes	No
i) Does the proposed budget reflect renovation, construction, or rental of space?	Yes	No
j) Will the proposed project require any additional personnel or space?	Yes	No
5. HUMAN SUBJECTS AND CONFLICT OF INTEREST		
a) Does the PI/PD or other personnel deemed to be substantively involved in the project have any financial interests that could directly or indirectly affect the design, conduct or reporting of the project?	Yes	No
b) Will the research involve the use of human subjects? <i>If yes, complete and attach the necessary forms from the Institutional Review Board.</i>	Yes	No

Administrative Approval:

THIS FORM HAS BEEN REVIEWED AND IS COMPATIBLE WITH DEPARTMENTAL AND UNIVERSITY PRIORITIES.

PI/PD: _____ **Date:** _____
Dept. Chair: _____ **Date:** _____
Dean: _____ **Date:** _____
VP of Academic Affairs: _____ **Date:** _____
VP of Finance: _____ **Date:** _____
VP of Advancement: _____ **Date:** _____

Comments:

Please contact the Department of Government and Foundation Relations if you have questions about completing this form. This completed document should be sent to:

Lisa Lessun, Director
 Department of Government and Foundation Relations
llessun@mercyhurst.edu | 315-243-2817 (c)