


**OFFICE OF SPONSORED PROGRAMS GRANT PROPOSAL FORM**

	<i>All grants, contracts, or other proposals for external funding require the completion of the grant proposal form prior to submission of the proposal to an external source. The fully signed proposal form ensures that a proposed project is consistent with the mission and policies of the department, college/school, and university. Completed proposal forms may be sent to Office of Sponsored Programs via email, hand delivery or campus mail. <b>The completed proposal form MUST be received ten (10) days prior to the deadline.</b></i>			<b>OSP USE ONLY</b>	
				Grant Proposal Number	
				Date Paperwork Received	
Principal Investigator (PI)					
Department:		Org. / Index		PI Phone:	
Conflict of Interest Attached:		Liberty University ID #			
PI Email:		Budget Manager:			
Grant Deadline:				CFDA # (Federal only):	

Submission Type:	Funder:	Project Type:	Does this proposal involve a Sub-award to/or Collaboration with: (insert collaborator(s) name below)

Sponsor Name:					
Address:					
City:		State:		Zip Code:	
Email:				Telephone:	
Title of Proposal:					
Proposed Effective Dates:	From:		To:		Duration:
Total Direct Costs:	\$		Total Indirect Costs:	\$	Total Funds Requested:
					\$

Lay Summary of Project: *In the space below, briefly summarize the research project in language appropriate for a general audience of individuals outside of this field of study. Be sure to address why the research will be done, and why it is of value.*

**Mission & Vision:** *In the space below, briefly explain how the research project will advance the mission and vision of Liberty University and your specific school, college, or program.*

<b>Project Cost Sharing:</b>  <i>If Cost Share is required, please submit and attach the Grant Proposal Budget Worksheet</i>	Have you committed to cost share in this proposal?		
	Percentage of Effort?		
	Other Cost Share Commitments?		
	Cost Share Fund and Orgn?		
Indirect Costs:	Does the sponsor limit or forbid indirect costs?	If yes:	If yes, please complete the Facilities and Administrative Cost Waiver Form and attach.
Project Space:	Is space other than current office or lab necessary?	If yes, please identify:	
Human Subjects:	Does this project involve human subjects?	If Yes – Attach copy of approval letter If No – Attach copy of application	
Animal Subjects:	Does this project involve the use of animals?	If Yes – Attach copy of approval letter If No – Attach copy of application	
Student Research:	Does this project involve student research?  Has the student completed the Responsible Conduct of Research for Students?	If Yes – Attach copy of approval letter  If No – Attach copy of application	
Other Key Personnel:	Will this project require additional personnel?	If yes, please attach a list of all personnel, positions, and salary amounts.	
Subrecipient Agreements:	Does the proposal involve a subrecipient agreement? <i>Attach a signed offer, detailed statement of work, a budget, and appropriate certifications.</i>		
Other Safety Committee Review (if applicable):	Radiation Safety	Chemical Safety	Bio Safety
	Date of Approval:		

**INVESTIGATOR'S STATEMENT:** Except as covered by written authorization for this project, this application does not obligate the University for funds for additional facilities, equipment, remodeling, extra operating funds, or matching funds, nor for the establishment of new organizations, courses, or programs not previously approved.

Signature of Investigator(s): My signature below certifies that: 1) I am not delinquent on any federal debt; 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; 3) I have not and will not lobby any federal agency on behalf of this award; 4) I am aware of and agree to abide by all Liberty University policies and procedures; 5) I agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity and, in consideration of the information and facilities made available to me by the University or the outside sponsor, to assign copyright (where appropriate) and patent rights to Liberty University; 6) the information submitted herein is true, complete and accurate to the best of my knowledge; 7) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties; 8) I agree to accept responsibility for the scientific conduct of the project and to provide progress report(s).

1. Principal Investigator		Date:	
2. Co-Investigator		Date:	

**Department Chairperson's/Division Head's, Dean's Statement:** I have reviewed this proposal and the accompanying transmittal form. The research or program proposed is in keeping with College/Division/Department/Institute educational objectives and is beneficial to the University. The College(s)/Division(s)/Department(s)/Institute(s) is aware of all requirements of this project and is committed to providing for them, except as noted. (Chairs and Deans of all departments involved must sign.)

1. Department Chair		Date:	
2. Associate Dean (LUCOM only)		Date:	
3. Dean		Date:	

**OSP, VP of Special Projects, Provost and CFO Statement:** I have reviewed this proposal and the accompanying transmittal form. The research or program proposed is in keeping with Liberty educational objectives and is beneficial to the University. The College(s)/Division(s)/Department(s)/Institute(s) is aware of all requirements of this project and is committed to providing for them, except as noted.

1. OSP Official		Date:	
2. VP of Outreach & Business Engagement		Date:	
3. Provost		Date:	
4. Chief Financial Officer		Date:	