

Project Concept Form - New Grant Proposal

- Grant proposals submitted on behalf of SUNY Broome require review and approval by delegated authorities. The Sponsored Programs Office (SPO) submits all grant applications to funding sources. No other individuals are authorized to submit grant proposals to external funders without the approval of the President or his designee.
- Individuals interested in pursuing external grant funds must first complete the Project Concept Form New grant Proposal Form to initiate the project concept review/approval process.
- Upon Dean and VP approval, <u>submit the completed form with any attachments</u> to <u>tiernodb@sunybroome.edu</u>. The form should be completed prior to preparing a grant proposal and well in advance (minimally 5 business days) of the grant submission deadline.

Project Information Project Title or Funding Opportunity Name:			
Department / Division:	Funder (if known):	Funder (if known):	
Proposal Due Date:	Project Period From:	to	
Consider the following when evaluating the project	idea or grant opportunity:		
YES NO NOT SURE The project aligns w	ith SUNY Broome's Strategic Pla	an, or department goals or priorities	
YES NO NOT SURE The project address	es a specific need at SUNY Broo	me.	
YES \square NO \square NOT SURE \square The project will have	e positive impact on students, th	ne campus, and the community.	
YES NO NOT SURE SUNY Broome has t	he required capacity and expert	ise to pursue this opportunity.	
Project Budget Approx. Budget Total for Entire Project:	Allowed Funding R	ange (if known):	
YES NO Matching funds required? If Yes, v	what percent:		
Personnel* \$			
Project Personnel* - Include Project Lead (PL), O Name / Title	% of Time	t-Funded Positions Anticipated Compensation Type In-kind, Grant-Funded Extra Duties, Stipend, Release Time, etc.	
*It is the PL's responsibility to obtain position titles required New Position Duty Statement(s) to HR. Other College Stakeholder Support Needed for Pro		ignments from HR, and to submit ar	
 Information Technology Services (ITS) - If project data ports (Ethernet, wireless hub); dedicated h Institutional Effectiveness (IE) Marketing & Communications (MarCom) 	t involves software/hardware u		

Facilities Management – If project involves new space or mod equipment, flooring, ceiling, wall finishes, electrical, lighting,			
Collaborations: Please identify			
Other: Please identify			
†It is the PL's responsibility to review the project concept and obtoproposal submission.			
Checklist of Potential Compliance Obligations – Check All That A Institutional Review Board (IRB): If applicable, it is the PL's r IRB review.			
☐ Financial Conflict of Interest (FCOI): If the PL, their spouse/p have an FCOI with the project, please attach a statement of d services, equity interests, intellectual property rights, or finant affiliated by these stakeholders, that would reasonably appear ☐ Sustainability/Maintenance Requirements? If the project reconce the award is concluded, please discuss feasibility with D	isclosure. FCOI includes salary or other payments for cial interest held by these stakeholders, or entities or to be affected by the activities proposed for funding. quires institutional sustainability or maintenance funds		
Project Concept Overview - Answer as many of the questions I 1. How does Project Align with SUNY Broome's Strategic Plan, or a 2. How is the Project's Need supported by data, cited research, be 3. WHAT will be done, HOW will it be done, and WHO will do it? 4. What are the expected results and benefits to students?	department goals or priorities?		
Required Project Approvals and Signatures to Be Obtained by Project Initiator Signing below acknowledges that the Project Initiator has discussed the project and related needs with the department/ division, and the Signer supports grant proposal and budget development in alignment with project concept overview.			
Project Lead	Date		
Divisional Dean or Director	Date		
Vice President	Date		