



# PRE-PROPOSAL REVIEW FORM

Office of Academic Affairs, Park University

**This form has several purposes:** 1) to more effectively assist you in your pursuit of external funds; 2) to determine if the necessary institutional support and resources would be available to successfully implement your project, if funded; and 3) to ensure coordination with any planned or pre-existing efforts to obtain external funding in support of the University's strategic priorities. The applicant's Department Chair, Dean, or Academic Supervisor, the Provost, and the Associate Vice President for Development, as appropriate, must sign the form prior to submission of the funding proposal.

The information provided on this form is a good-faith estimate of the information that will be contained in a final grant proposal. The completion and submission of this form does not obligate the Applicant to submit the identified grant proposal.

For assistance, contact Dr. Emily Sallee, Associate Provost, emily.sallee@park.edu.

1. **Applicant's Name:** \_\_\_\_\_  
(print or type) Applicant's Signature & Date (MM/DD/YY)

**Applicant's Department/Office:** \_\_\_\_\_

2. **Name of Grant Director/Principal Investigator** (if someone other than the Applicant):

\_\_\_\_\_  
Director's/PI's name (print or type) Director's/PI's Signature & Date (MM/DD/YY)

**Grant Director's/PI's Department/Office:** \_\_\_\_\_

3. **Funding Entity:** \_\_\_\_\_

4. **Grant Name & Number:** \_\_\_\_\_

5. **Project Title:** \_\_\_\_\_

6. **Due Date:** \_\_\_\_\_ Postmark Delivery  
(MM/DD/YY)

7. **Electronic Submission:** Yes No

8. **Project Start and End Dates:** \_\_\_\_\_  
State Date (MM/DD/YY) End Date (MM/DD/YY)

9. **Grant Type / General Information** (check all items that apply):

State Federal Local - If local, specify: \_\_\_\_\_  
(e.g., Platte Co., City of Kansas City, MO)

Private, Specify: \_\_\_\_\_  
(e.g., ABC Corporation, XYZ Foundation)

New Submission Renewal/Continuation

**10. Human and Animal Subjects:**

Will your research involve human subjects?    Yes    No

If yes, has the project been submitted to the University Institutional Review Board (IRB) for review and approval?

Yes    No

*Questions concerning research involving human subjects and IRB approval may be referred to the Park IRB website at <http://www.park.edu/irb> or via email to [irbchair@park.edu](mailto:irbchair@park.edu).*

Will your research involve animal subjects?    Yes    No

If applying for NSF grant funds:

Have you completed the Responsible Conduct of Research Training?    Yes    No

*Any faculty member, undergraduate, or graduate student who plans to apply for an NSF grant must take CITI's individual learner RCR course; contact the Office of Sponsored Research for enrollment information.*

**11. Total Amount of Request/Award: \$ \_\_\_\_\_**

If Multi-Year Grant, proposed funding for:

Yr.1) \$ \_\_\_\_\_ Yr. 2) \$ \_\_\_\_\_ Yr. 3) \$ \_\_\_\_\_ Yr. 4) \$ \_\_\_\_\_ Yr. 5) \$ \_\_\_\_\_

**12. Cost Sharing or Match Requested?    Yes    No**

If Yes, is it:    required by grantor/funding agency?    not required by grantor/funding agency?

Will all or part of the match be provided by a Third Party?    Yes    No

Identify Third Party provider(s), if applicable: \_\_\_\_\_

If provided by a Third Party, have you obtained a signed letter of commitment?    Yes    No

**A. Cash:** Amount requested \$ \_\_\_\_\_

Source\*: \_\_\_\_\_  
*(e.g., departmental budget, University Advancement, Third Party)*

*\* Under most circumstances, funds from another grant may not be used as a source of institutional match.*

If multi-year grant, proposed cash match for:

Yr.1) \$ \_\_\_\_\_ Yr. 2) \$ \_\_\_\_\_ Yr. 3) \$ \_\_\_\_\_ Yr. 4) \$ \_\_\_\_\_ Yr. 5) \$ \_\_\_\_\_

**B. In-Kind:** Amount proposed: \$ \_\_\_\_\_

Source\*: \_\_\_\_\_  
*(e.g., University paid staff time, space costs, Third Party)*

*\* All in-kind match must be documented and is subject to audit. Failure to document in-kind match can result in the loss of grant funding.*

If multi-year grant, proposed in-kind match for:

Yr.1) \$ \_\_\_\_\_ Yr. 2) \$ \_\_\_\_\_ Yr. 3) \$ \_\_\_\_\_ Yr. 4) \$ \_\_\_\_\_ Yr. 5) \$ \_\_\_\_\_

Total amount of institutional match requested (cash + in-kind): \$ \_\_\_\_\_

13. **Indirect Cost:**    Allowed       Not Allowed

Maximum allowable amount requested    Yes       No       Amount of indirect cost earned \$ \_\_\_\_\_

**14. Personnel:**

**A. Release Time Requested?**    Yes       No (*Only faculty may receive release time*)

• **Person requesting release time:** \_\_\_\_\_

Amount of release time requested: \_\_\_\_\_

Schedule of requested release time: \_\_\_\_\_

*(e.g., 3 hrs each in spring and summer 2015)*

**List additional persons on an attachment.**

**B. New Staff or Faculty Positions Requested?**    Yes       No

Provide the following information for each proposed new position:

• Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Salary/Pay: \_\_\_\_\_

Please check all appropriate categories:    Full-time       Part-time       Faculty       Exempt

Classified       Permanent       Temporary

**List additional positions on an attachment.**

**C. Funding for Current Positions:**    Requested:    Yes       No

• Position Title: \_\_\_\_\_

Department: \_\_\_\_\_       Amount \$ \_\_\_\_\_

• Position Title: \_\_\_\_\_

Department: \_\_\_\_\_       Amount \$ \_\_\_\_\_

**D. Fringe Benefits:** Requested:    Requested:    Yes       No

Funding for fringe benefits must be included at the approved institution rate for all newly created and existing positions included in any grant proposal.

**E. Is a stipend for the Principal Investigator requested?** If so, provide amount and schedule of payment.

\_\_\_\_\_

**15. Partners:**

**A. Internal Partner(s):**    No       Yes, **Identify:** \_\_\_\_\_

**B. External Partner(s):**    No       Yes, **Identify:** \_\_\_\_\_

**16. Required Signatures:** Signing this document signifies approval and authorization to proceed with development of the designated grant submission.

_____ Signature of Chair or Immediate Supervisor	_____ Date (MM/DD/YY)
_____ Signature of Dean or Area Administrator	_____ Date (MM/DD/YY)
_____ Signature of Provost (required if Faculty are directly involved)	_____ Date (MM/DD/YY)
_____ Signature of Associate Vice President for Development	_____ Date (MM/DD/YY)

**PLEASE ATTACH:**

1) a complete copy of or a link to **the grantor's guidelines**, e.g., the Request for Proposal (RFP) or notice published in the Federal Register and 2) **a one-page abstract** describing proposed grant. In addition to describing activities and outcomes, the abstract should also discuss how the proposed grant would support Park University's Mission and Institutional Objectives.