

HOFSTRA UNIVERSITY

Grant and Contract Proposal Internal Review Form

This form is for University records and must be completed each time a grant, contract or subcontract proposal is submitted to a government agency, private foundation, non-profit association or commercial/industrial interest. When seeking institutional endorsements (i.e., the approval signatures of a Department Chair, Dean, and others), all signatories should be given a reasonable opportunity to review the complete proposal. Therefore, it is requested that applicants provide a copy of all materials for submission to a potential sponsor at least two weeks in advance of the proposal due date. We realize this may not always be possible and, therefore, we urge your cooperation in providing sufficient lead-time, and prior consultation with appropriate parties. Select sponsors (e.g., NSF and NIH) require institutions to make assurances regarding any real, perceived or potential conflicts of interest of senior investigators prior to submission of a proposal. Principal Investigators/Project Directors are expected to familiarize themselves with these conflict of interest regulations of their proposed sponsor and to disclose such information on the reverse of this form. Questions regarding this form may be directed to personnel in the Office for Research and Sponsored Programs at 3-6810.

Project Identification

Proposed Sponsor: _____ Proposal due date: _____

Principal Investigator/Project Director: _____ Academic Unit _____

Other Hofstra faculty involved in project, if any: _____

Project Title: _____

Total Amount Requested (all years): \$ _____ Project Period: _____ – _____

Special Considerations: Which of the following will the grant/contract require or involve? (Check all that apply and briefly explain).

<input type="checkbox"/> Faculty Release Time: <i>Identify source(s).</i>	
<input type="checkbox"/> Cost sharing Commitments: <i>Identify source(s).</i>	
<input type="checkbox"/> Additional Personnel:	
<input type="checkbox"/> Additional Space Needs:	
<input type="checkbox"/> Other Special Considerations:	

Approval signatures:

a. Project Director(s) _____ Date _____

b. Department Chair(s) _____ Date _____

c. Dean(s) or Executive Director(s) _____ Date _____

d. Others, as needed
(including Academic Computing) _____ Date _____

e. Comptroller _____ Date _____

f. Office for Research and Sponsored Programs _____ Date _____

g. Provost _____ Date _____

ADDITIONAL NOTES

This space is provided for continuation of responses from page 1, including the possible disclosure of any Conflicts of Interest among senior personnel.

Re: Conflicts of Interest. Select sponsor organizations, including the National Science Foundation and National Institutes of Health, require that universities obtain from senior project faculty disclosures of information concerning real, perceived or potential financial conflicts of interest associated with the grants they seek. NSF, NIH and select other policy statements regarding conflicts of interest can be found at www.hofstra.edu/research. Click on: (1) Policies and Procedures; (2) Conflict of Interest.

Date of Receipt

ORSP OFFICE USE ONLY

- New
- Incremental Funding (progress report)
- Competitive renewal
- Preliminary proposal
- Revised Budget

Check all that apply:

- Research
- Instruction (benefiting Hofstra students)
- Individual Training / Fellowship
- Service (e.g., benefiting area K-12 schools)
- Other _____

Date & Means of Proposal Submission

Date: _____

Means: USPS (mailroom)
 Overnight service (mailroom)
 Electronic (e.g., FastLane)
 Other _____

