**Lubbock Christian University**

**External Grant Proposal Review Form**

The purpose of the Grant Proposal Short Form (GPSF) is to assist/support faculty and staff who have identified a funding need, which will enhance the mission, vision, and purpose of Lubbock Christian University. The process and review forms are requested 30 days in advance of the grant deadline.

**Faculty/Department(s):** Click here to enter text.

**Project Title:** Click here to enter text.

**Funding Agency/Program Announcement #:** Click here to enter text.

**Proposal Deadline/Due:** Click here to enter a date. **Amount Requested:** Click here to enter text.

**Project/Budget Period:** Click here to enter text.

**If the project involved a collaborative agreement or subcontract, please note the name of the co-Pi(s) and contact information for his/her institutions’ grant office:** Click here to enter text.

**Has contact been made with the funding agency/foundation and with whom?** Click here to enter text.

|  |  |
| --- | --- |
| **Briefly describe the purpose/need for funding** | Click here to enter text. |
| **Does the project involve human subjects research (including surveys)? Have you submitted the proposal for IRB review?**[**http://www.lcu.edu/nc/resources/irb/search/IRB.html**](http://www.lcu.edu/nc/resources/irb/search/IRB.html) | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  | **If Yes, approved by Jennie Dabbs** | **Signature:** |
| **Does the project involve vertebrate animals? Have you submitted to the Animal Care and Use Committee?** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  | **If Yes, approved by Andy Laughlin** | **Signature:** |
| **Does the project include reallocation or renovation of existing space?** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  | **If Yes, approved by Facilities Committee** | **Signature:** |
| **Does the project include payment to any individual other than LCU students or faculty participating in the grant not currently on LCU payroll?** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  | **If Yes, approved by Andy Burcham** | **Signature:** |
| **Does the project require special insurance requirements to complete?** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  | **If Yes, Notify Brandon Goen** | **Signature:** |
| **Does the project include bringing people to campus from the community or other campuses?** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  | **If Yes, approved by Provost** | **Signature:** |
| **Does the project include travel by LCU faculty, staff, or students to other countries?** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  |
| **Does the project require special insurance requirements to complete?** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  |
| **Does the project commit the university to provide matching funds, cost-share, or any in-kind support? If yes, please attach documents listing the amount of funds.** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  |
| **Does the project require release time from normal teaching duties** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  |
| **Beyond the grant period, will any further funds be required to sustain the project? If so, please attach an outline of proposed continued funding.** | **Yes**[ ]  | **No**[ ]  | **N/A**[ ]  |

**As principle investigator (and co-investigator, if indicated), I accept responsibility for this proposal and compliance with grantor/foundation and institutional requirements. In the case of federal funding, I agree to comply with all applicable regulations and policies including the Responsible Conduct of Research.**

**PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Co-PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**REVIEWED BY**

**Grants & Foundation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Provost’s Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**