

**BRYN MAWR COLLEGE  
PROPOSAL TRANSMITTAL AND APPROVAL FORM**

Principal Investigator:	Tel. No.	Soc. Sec. No.
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Position/Title	Department
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Type of Project  Research  Training  Other (Specify) \_\_\_\_\_

Title of Project	<input type="checkbox"/> New Project <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal <input type="checkbox"/> Non-Competing Continuation <input type="checkbox"/> Revision
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Sponsoring Agency	Grant No. (If any)
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Funds Requested	Indirect Cost Rate	Deadline	Proposed Start Date	Duration
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Identify Space and Facilities to be used for Project (Location, Bldg., Room, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check each of the following:**

1.  YES  NO Does the project involve human subjects? If yes, contact the Institutional Research Committee IRB.
2.  YES  NO Will additional space, facilities or renovations be required now or in the future? If yes, please explain \_\_\_\_\_
3.  YES  NO Is additional equipment required for the project? If yes, identify source of funds \_\_\_\_\_
4.  YES  NO Does the project involve participation by personnel from other departments? If so, please identify \_\_\_\_\_
5.  YES  NO Does the project involve animals? If so, contact the Institutional Animal Care and Use Committee.
6.  YES  NO Does the project involve radioactive materials or machines? If yes, contact the radiation safety officer.
7.  YES  NO Will any portion of the research or training be conducted off-campus?
8.  YES  NO Will the College be sharing in the cost of the project? If so, specify the source and amount of the funds \_\_\_\_\_
9.  YES  NO Are subcontracts included in this project proposal?

**Approval Certifications:**

1. PRINCIPAL INVESTIGATOR -- I certify that the above information is accurate and complete as of this date. I agree to accept responsibility for the scientific and technical conduct of the project and for provision of required technical reports if a grant is awarded as a result of this application.

Signature of Investigator: \_\_\_\_\_ DATE: \_\_\_\_\_

2. DEPARTMENT CHAIRPERSON -- The attached proposal is approved. It is within the total program and academic objectives of the department. Adequate space is available or planned for the conduct of the project. The professional time allocations described are realistic.

Signature of Chairperson: \_\_\_\_\_ DATE: \_\_\_\_\_

3. GRANTS ADMINISTRATOR -- This proposal has been reviewed and approved. It is consistent with the overall objectives of the College.

Signature of Grants Officer: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: This form is not sent to sponsors with the proposal. It is kept on file in the Grants Office

July 2001