

**Samford University
Academic Grants Office
Grant Application Sign-Off Form**

PI Name: _____ Email: _____

School & Dept.: _____ Phone: _____

Co-PI Name(s): _____ School & Dept.: _____

Percent Credit to PI: _____ Percent Credit to Co-PI(s): _____
(this must total 100%)

Funding Source/Solicitation: _____ Application Deadline: _____

Project Title: _____

Please list any external partners and indicate if they are sub-awards or collaborators.

For proposals involving collaborative activities (internal or external), proof of partner commitments must be on file in the Grants Office prior to submission. An email outlining the arrangement will suffice unless a formal letter is required by the RFP.

Total Budget: _____ Direct Costs: _____ Indirect Costs: _____

Samford Matching Funds: _____ Source of Samford Funds: _____

Are there any compliance requirements? (IRB, IACUC, FISMA, SSP, IT Security, etc.)

Attached: Draft Budget/Justification Draft Narrative Draft Abstract

Will a course release be needed? Yes, approval documentation attached Not needed

Comments:

Department Chairperson: _____ Date: _____

Dean: _____ Date: _____

Vice Provost, CHS: _____ Date: _____
(Required for CHS applications)

Academic Grants Officer: _____ Date: _____

Compliance Officer: _____ Date: _____

Accounting Office: _____ Date: _____

Payroll Office: _____ Date: _____

Budget & Finance Office: _____ Date: _____

Provost: _____ Date: _____

President: _____ Date: _____
(Required for federal and governmental grant applications)