STUDENT GRANT PROGRAM
Investigator Information Form

PRINCIPAL INVESTIGATOR:

Name: _____ %Effort: _____ Email: _____

Vandal ID: _____ Phone: _____

Address: _____

Department: _____

***Click here to add additional Investigators. **The combined percent effort of all investigators must total 100%.**

FACULTY SPONSOR:

Name: _____ Office: _____

Department: _____ Phone: _____

ELIGIBILITY FOR STUDENT GRANT PROGRAM:

☐ Undergraduate ☐ Graduate ☐ Law | ☐ Full Time Student ☐ Moscow Campus

ARE YOU A FIRST-TIME INVESTIGATOR? ☐ **Yes** ☐ **No**

Have you previously received a grant from this program? ☐ Yes ☐ No

If yes, have report(s) of previous grant(s) been submitted? ☐ Yes ☐ No

Proposal Title: _____

Amount Requested From SGP: _____

Please provide a brief abstract of your proposal (Maximum 200 words):

RECOMMENDED EXTERNAL REVIEWERS:

#1 Faculty/Staff Name: _____ Email: _____

Department: _____

#2 Student Name: _____ Email: _____

Department: _____

#3 Student Name: _____ Email: _____

Department: _____

Project Type: ☐ Basic Research ☐ Applied Research ☐ Outreach/Service ☐ Instruction

Yes	No	Click on title for more information	Explanation
☐	☐	Are Human Subjects Involved? Assurance# _____ Date: _____	
☐	☐	Are Experimental Animals Involved? Protocol# _____ Date: _____	
☐	☐	Are Biohazards, Recombinant DNA, or Radiation Involved? Approval Date: _____	
☐	☐	Are Select Agents or High Consequence Livestock Pathogens and Toxins Involved?	
☐	☐	Is proposal subject to Export Controls or Re-Export? ☐ ITAR ☐ EAR	

Approvals and Certifications:

Departmental certification: *Approval signifies that the proposed project fits within the academic framework and resources of the unit; requirements for new or renovated facilities/space including segregated facilities for export controlled projects have been discussed with the appropriate people; UI obligations will be met by the department/college unless otherwise noted; that conflict of interest requirements have been addressed; and that the Student Grant Committee may review and process the proposal. The Department, College and/or Institute certify that responsibilities will be adjusted and space and facilities made available to accommodate the project. The Department College and or Institute will also provide service and support (including fiscal oversight and liability) for the project based upon the roles and responsibilities identified in the Faculty Staff Handbook and the Administrative Procedures Manual. This service and support is intended to assist the PI in fulfilling their obligation through the certification below.*

Faculty Sponsor signature **Date**	**Department Chair signature** **Date**

PI Certification: *If the proposal submitted herewith is funded, I will conduct the project in accordance with the terms and conditions of the SGP and the policies of the University and I recognize that non-compliance with terms and conditions of the award will result in immediate discontinuation of current project funding and could make me ineligible for future SGP awards. I will be fully responsible for meeting the requirements of the award, including managing restrictions on facilities or personnel due to export controls; providing proper management of funds; submitting all required technical reports and deliverables on a timely basis; and properly disclosing all inventions to the University's Technology Transfer Office, in accordance with Federal or contractual terms and University policy. Neither myself nor anyone involved in this project is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any deferral department or agency. I certify that this application is true, complete and accurate to the best of my knowledge and that any false fictitious or fraudulent statements may be subject to criminal, civil or administrative penalties. I agree to assume responsibility for the scientific conduct and custody of records and data in accordance with University policy on retention of data and to provide University access to such records and data. If at any point I am unable to complete the project as proposed, I will notify the SGP and Office of Sponsored Programs immediately.*

Student PI signature	**Student PI signature**	**Student PI signature**
Student PI signature	**Student PI signature**	**Student PI signature**

Additional Investigator Information

Which academic department will be managing the grant?

Department: _____

Name: _____ %Effort: _____ Email: _____
Vandal ID: _____ Phone: _____
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Department: _____

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