

VALPARAISO UNIVERSITY GRANT PROPOSAL APPROVAL FORM (GPAF)

	Principal Investigator (PI)	Co-PI	Co-PI
Name			
Email			
Phone			
Department			
Intellectual Credit (%)			

Application Deadline _____ Today's Date _____
 Project Start Date _____ Project End Date _____
 Project Title _____
 Funder Name _____

Requested from Funder (Grant Amount)

	Direct Costs	Indirect Costs	TOTAL
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			
TOTAL			

Budget Notes

Requested from Valpo (Cost Share/Match)

	Direct Costs	Indirect Costs	TOTAL
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			
TOTAL			

Source/Description of Cost Share/Match

Primary Purpose	Research Designation	Research Subjects	Funder Type	Funding Instrument
Research	Basic Research	Human	Federal	Grant
Instruction	Applied Research	Animal	State	Contract
Public Service	Development	Neither	Private/Other	Cooperative Agreement

Does any individual responsible for this project design, conduct, or reporting have a disclosable conflict of interest related to this project? Include COI Disclosure Forms for all key team members as part of this GPAF packet. Yes
No

GPAF Packet Routing and Approvals (The PI begins the routing which goes in the order listed below.)

_____	_____
Department Chair	Date
_____	_____
Dean/Associate Provost/VP	Date
_____	_____
Devin Sodums, Director, Sponsored and Student Research	Date
_____	_____
Kevin Goebbert, Assistant Provost OR Eric Johnson, Provost	Date
_____	_____
Steve Timm, Assistant Controller	Date
_____	_____
Mark Volpatti, Senior VP for Finance	Date

Date:
Investigator (print name):
E-mail:
Phone Number:
Funding Agency:
Project Title:
Grant Number (for annual or updated disclosure):

Check one: New Proposal Annual Reporting New Significant Financial Interest

Valparaiso University Disclosure Form

Use this Disclosure Form (DF) to disclose foreign and domestic “significant financial interests” that are related to the Institutional Responsibilities you perform on behalf of Valparaiso University (e.g., teaching, research, service, and administrative). By signing this DF, you acknowledge your receipt and understanding of Valparaiso University’s Financial Conflicts of Interest Policy and Procedure (which can be found on the Office of Sponsored and Student Research website). You also certify that you have completed the required training within the past four years on financial conflicts of interest.

A DF is a required part of the Grant Proposal Approval Form (GPAF) internal review process which must be completed before any funding proposals can be submitted. When discussing the project with the funder prior to an award, review the DF to determine if any updates are needed (if applicable). Once a project has been awarded funding, a new DF must be completed either annually or within 30 days of acquiring or discovering a new significant financial interest. DFs can be downloaded from the Office of Sponsored and Student Research website. DFs must be submitted to the Director of the Office of Sponsored and Student Research.

In these questions, “you” refers to the Investigator, the Investigator’s spouse, and any dependent children. Please answer on behalf of yourself and your covered family members.

1. Do you have a managerial role in or opportunity for personal gain from a company that might reasonably appear to be related to your Institutional Responsibilities performed on behalf of Valpo as noted above?

Yes No

2. During the past twelve (12) months, have you received remuneration (e.g., salary and any payment for services not otherwise identified as salary such as consulting fees, honoraria, paid authorship) from or have equity interests in a **Publicly Traded Entity** that, when aggregated, exceeds \$5,000 and that might reasonably appear to be related to your Institutional Responsibilities that are performed on behalf of Valpo as noted above?

Yes No

3. During the past twelve (12) months, have you received remuneration from a **Non-Publicly Traded Entity** that exceeds \$5,000 and hold any equity interest in a **Non-Publicly Traded Entity** that might reasonably appear to be related to your Institutional Responsibilities that are performed on behalf of Valpo as noted above?

Yes No

4. During the past twelve (12) months, did you receive payment (either as an advance or a reimbursement) in excess of \$5,000 for travel (transportation, lodging, or meals) from any entity that is related to your Institutional Responsibilities? Note: Disclosure is **not** required for reimbursed or sponsored travel received from a federal, state, or local government agency located in the United States, or a United States Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with a United States Institution of higher education.

Yes No

5. During the past twelve (12) months, did you receive any reimbursed or sponsored travel from a **foreign** entity, including foreign institutions of higher education or foreign governments (including local, provincial, or equivalent governments of another country) that, when aggregated, exceeds \$5,000?

Yes No

6. During the past twelve (12) months, did you receive income from seminars, lectures, or teaching engagements or income from service on advisory committees or review panel from any **foreign** entity, including foreign institutions of higher education or foreign governments (including local, provincial, or equivalent governments of another country) that, when aggregated, exceeds \$5,000?

Yes No

7. During the past twelve (12) months, have you received any intellectual property rights and interests upon receipt of income that exceeds \$5,000 (not reimbursed through Valpo) and that might reasonably appear to be related to your Institutional Responsibilities?

Yes No

8. During the past twelve (12) months, have you received a single gift that exceeds \$250 in value, or multiple gifts from a single entity that in the aggregate exceed \$250 in value?

Yes No

9. During the past twelve (12) months, have you held a fiduciary position in a for-profit or nonprofit entity (including a position as a member of the board of directors, an officer, or other executive or management position) for which you received any form of remuneration or reimbursement for expenses?

Yes No

10. Do you have a consulting or other financial relationship with a non-governmental external sponsor or donor that may reasonably appear to be related to your Institutional Responsibilities?

Yes No

11. Do you have any other relationships, commitments, or activities that might present or appear to present any type of conflict of interest (e.g., conflict of commitment, scientific overlap, etc.) with your Institutional Responsibilities, including those with financial interests or uncompensated activities?

Yes No

If you answered “yes” to any question above, please include an explanation below. Attach additional pages if necessary. Include such information as: the entity’s name and whether it is publicly or non-publicly traded, the nature of the SFI (consulting fees, equity interest, royalties, license fees, service on advisory board, etc.), and the value of the financial interest.

Acknowledgment and Certification

I certify under penalty of perjury that this is a complete disclosure of all my significant financial interests related to my institutional responsibilities and I have used all reasonable diligence in preparing this Financial Interest Disclosure, and to the best of my knowledge it is true and complete. I also acknowledge that by signing my name below that it is my responsibility to disclose, within 30 days, any new significant financial interests obtained during the term of the above proposed project.

Note: An employee who knowingly fails to disclose a significant financial interest or otherwise provides false information on this form could be subject to sanctions up to and including termination.

Signature

Date