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| logo2 | **CENTRAL CONNECTICUT STATE UNIVERSITY**  **GRANTS AND FUNDED RESEARCH ROUTING SHEET**  **INTERNAL ADMINISTRATIVE APPROVAL FORM FOR EXTERNAL GRANT PROPOSALS** | | | | | | | | | | | | | | | | | | | |
| **PROJECT DIRECTOR:** (Name, Dept. & School) | | | | Sixia Chen, Computer Science SEST | | | | | | | | | | | | | | | | |
| **PROJECT TITLE:** | | | | A Family Centered Introduction to Computer Science, with Analogies between Cooking Recipes and Programming, with a Theme of Contribution to Disaster Recovery | | | | | | | | | | | | | | | | |
| **If additional CCSU faculty/staff are included on the project, please list their name(s) and department(s) and have appropriate chairs and deans/directors indicate their approval by initialing each entry:** | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | **Department** | | | | **Approval** | | | **School /Division** | | | | | | | **Approval** | | | |
| **Therese Smith** | | | **Computer Science** | | | |  | | |  | | | | | | |  | | | |
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| **Please check any of the following that will be required to run the project:** | | | | | | | | | | | | | | | | | | | | |
| **Reassigned Time** | | | | |  | **Insurance Coverage** | | | | |  | | **Facility Renovation/Alteration** | | | | | |  |
| **Use of Biohazardous Material** | | | | |  | **Possible Patents/Copyrights** | | | | |  | | **Rental of Space or Equipment** | | | | | |  |
| **Use of Recombinant DNA material** | | | | |  | **Maintenance/Support Contracts** | | | | |  | | **Support Services** | | | | | |  |
| **Summer/Other Camp Licensure** | | | | |  | **Technology Resources** | | | | |  | | **Software Licenses** | | | | | |  |
| **Cost Sharing/Matching Funds** | | | | |  | **Additional Space** | | | | |  | | **Other** | | | | | |  |
| **Conflict of Interest** | | | | |  |  | | | | |  | |  | | | | | |  |
| **Explanation of other costs, requests or required approvals:** | | | | | | | | | | | | | | | | | | | |
| **IMPORTANT: Failure to account for above items or other unbudgeted costs at the proposal stage may lead to a decision by CCSU to decline any award that might have an adverse financial and/or operational impact on the institution.** | | | | | | | | | | | | | | | | | | | | |
| **COMMITTEE APPROVALS REQUIRED** | | | | | | | | | | | | | | | | | | | | |
| **Human Subjects: Yes**  **No x** | | | | | | | | | **Animal Subjects: Yes**  **No x** | | | | | | | | | | | |
| **FUNDING AND BUDGET INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **Funding Agency**: | | **National Center for Women and Information Technology** | | | | | | | | | | | | **Federal: Yes**  **No x** | | | | | | |
| **Proposal Due Date:** | | **11/6/2017** | | | | **Project Period (Start and End Dates):** | | | | | |  | | | | | | | | |
| **Direct Costs:** | | **6280** | | | | **Indirect Costs:** | | |  | | | **Total Costs:** | | | |  | | | | |
| **APPROVALS** | | | | | | | | **Signature** | | | | | | | **Date** | | | **Comments** | | |
| To make additional comments, please put a check in the box following your signature and then enter and sign your comments on the back of this form.  I approve the submission of this proposal and I acknowledge the request for the above checked items. If/when award is made, there may be further discussions regarding final approval of such requests. | | | | **Department Chair/Director:** | | | |  | | | | | | |  | | |  | | |
| **Grants & Funded Research:** | | | |  | | | | | | |  | | |  | | |
| **Academic Dean:** | | | |  | | | | | | |  | | |  | | |
| **Appropriate VP/Chief Executive Officer** | | | |  | | | | | | |  | | |  | | |
| **Facilities (as appropriate):** | | | |  | | | | | | |  | | |  | | |
| **Other (as appropriate):** | | | |  | | | | | | |  | | |  | | |
| **Chief Financial Officer (*only required if cash match*):** | | | |  | | | | | | |  | | |  | | |
| **PROJECT DIRECTOR'S COMPLIANCE CERTIFICATION** | | | | | | | | | | | | | | | | | | | | |
| In accepting external funds, CCSU assures compliance with all Federal standards and policies specified in OMB Circulars and other regulatory directives regarding topics such as : Misconduct in Science; Significant Financial Disclosure (Conflict of Interest); Drug-Free Workplace; Protection of Human Subjects in Research; Proper Care and Use of Animals in Research; Prohibition Against Lobbying Activities; Debarment and Suspension; and other issues mandated in the application materials. I certify that I understand the above information and will comply with these policies in administering any grant/contract received in response to the application now being made.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Project Director**  **Date** | | | | | | | | | | | | | | | | | | | | |

CCSU GRANT ROUTING SHEET ISSUED: 4/2/2009 GRANT AND FUNDED RESEARCH OFFICE