

# The Nuts and Bolts of the Internal Grants Process

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Winthrop University  
Office of Grants and Sponsored Research Development

# Learning Objectives

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- Complete and submit an Intent to Apply for External Funding Form
- Complete and submit a Grant Authorization Form
- Identify the individuals involved in the proposal routing and submission process
- Use Adobe Sign to obtain electronic signatures

# Intent to Apply for External Funding

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The purpose of the Intent to Apply for External Funding is to initiate communication with department/college administrators regarding intent to apply for external funding.

# Intent to Apply for External Grant

## Steps to Complete

1. Conceive an idea, find an external sponsor, develop an outline, and create an estimated budget
2. Visit the Office of Grants and Sponsored Research Development (GSRD) website for information on the proposal process <https://www.winthrop.edu/grants/>
3. Download and complete form <https://www.winthrop.edu/grants/proposal-review-and-submission.aspx>
4. Email the form to GSRD to set up the e-signature approval tree in Adobe Sign
5. E-sign the form
6. The form will be forwarded automatically through the approval tree below
7. This is **not** an approval to submit.





### Intent to Apply for External Funding

The purpose of this form is to inform GSRD and all appropriate individuals that you intend to apply for an externally funded grant. This will allow GSRD to schedule the time and resources needed to provide you with budget development and general application assistance. Complete this form 6-8 weeks before the application deadline. Contact GSRD at x2460 with questions and to schedule a pre-award meeting to discuss the application guidelines.

Principal Investigator \_\_\_\_\_ College/Division \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Department/Office \_\_\_\_\_

Principal Investigator \_\_\_\_\_ College/Division \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Department/Office \_\_\_\_\_

Principal Investigator \_\_\_\_\_ College/Division \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Department/Office \_\_\_\_\_

#### SPONSOR INFORMATION

Sponsor Name \_\_\_\_\_ Sponsor Type  Choose One

Sponsor Program Title \_\_\_\_\_ Submission Type  Choose One

Guidelines \_\_\_\_\_ Website Address \_\_\_\_\_

Project Type  Choose One or Type Response Due Date \_\_\_\_\_ Submission Portal  Choose One

#### PROJECT QUESTIONS

Will you be collaborating with another institution?  Choose One  
Institution \_\_\_\_\_ Contact Person \_\_\_\_\_

Are the funds for this grant being passed through to the sponsor listed above from another agency (referred to as prime)?  Choose One  
Name of prime \_\_\_\_\_

Will this project require new or renovated space/facilities?  Choose One  
If yes, describe needed resources and give the source of funding if other than requested in this proposal.  
\_\_\_\_\_

Will this project require additional IT resources?  Choose One  
If yes, describe needed resources and how it will be funded.  
\_\_\_\_\_

#### BUDGET

ESTIMATED BUDGET		
	<b>Total Budget</b>	<b>Anticipated Project Period:</b> _____
Grant Funds Requested		Comments: _____
Winthrop Cash Match		Is there a required cash match? <input type="text"/> Choose One If yes, please state the amount: _____
Winthrop In-Kind Match		Is there a required in-kind match? <input type="text"/> Choose One If yes, please describe: _____
Other Sources		Describe: _____
Total Budget	\$ 0	Other Comments: _____

Does this sponsor allow indirect costs?  Choose One  
If different than the University's negotiated rate, please describe: \_\_\_\_\_

Will any faculty course reassigned time be required for this project?  Choose One  
If yes, have you discussed this with your Department Chair?  Choose One  
If yes, describe and give the source of funding if other than requested in this proposal.  
\_\_\_\_\_

Will any new full-time personnel be required for this project?  Choose One  
Identify the classifications, number of new positions, and the source of funding if other than requested in this proposal. Attach a separate sheet if necessary.  
\_\_\_\_\_

Will there be a subaward(s) on this grant?  Choose One  
Institution \_\_\_\_\_

How did you learn about this funding opportunity?  
 Choose One or Type Response

ABSTRACT

Provide a brief abstract that includes the overall project objective and summary of activities.

**NOTE: Please send completed form to GSRD for review and set-up for e-signature approval in Adobe Sign.**

SIGNATURES

Principal Investigator		Date	
Principal Investigator		Date	
Principal Investigator		Date	
Department Chair		Date	
Department Chair		Date	
Department Chair		Date	
Dean		Date	
Dean		Date	
Dean		Date	
VP for		Date	
VP for		Date	
Provost		Date	
GSRD		Date	

# Grant Authorization Form

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The purpose of the Grant Authorization Form is to obtain approval from leadership to submit a grant application to an external sponsor

# Grant Authorization Form

## Steps to Complete

1. Download and complete form <https://www.winthrop.edu/grants/proposal-review-and-submission.aspx>
2. Email the form to GSRD 7 business days before deadline to set up e-signature approval tree in Adobe Sign
3. E-Sign document when forwarded from the Office of Grants and Sponsored Research Development (echosign@echosign)
4. Proposal will be automatically forwarded to each individual in the approval tree to e-sign
5. Adobe Sign will send a copy of the Grant Authorization Form with all required signatures. GSRD will send an email indicating approval to submit
6. Submit grant to private sponsor. GSRD will submit to federal sponsor







### Grant Authorization Form

The purpose of this form is to summarize for internal reviewers all information pertinent to a grant proposal. It is the authorizing document that approves a grant application submission to an external sponsor. The Grant Authorization Form is for internal use only and should not be submitted to the sponsor. Complete this form seven business days before the application deadline. Contact GSRD at x2460 with questions.

#### PROJECT INFORMATION

Project Title \_\_\_\_\_

Sponsor \_\_\_\_\_

Project Period \_\_\_\_\_ Due Date \_\_\_\_\_ CFDA # \_\_\_\_\_

Sponsor Type \_\_\_\_\_ Project Type \_\_\_\_\_ Submission Type \_\_\_\_\_ Submission Portal \_\_\_\_\_  
Choose One Choose One or Type Response Choose One Choose One

Principal Investigator \_\_\_\_\_ College/Division \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Department/Office \_\_\_\_\_

Principal Investigator \_\_\_\_\_ College/Division \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Department/Office \_\_\_\_\_

Principal Investigator \_\_\_\_\_ College/Division \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Department/Office \_\_\_\_\_

#### PROJECT QUESTIONS

Will you be collaborating with another institution? Choose One  
If yes, is Winthrop University the lead institution? Choose One  
Institution \_\_\_\_\_ Contact Person/Number \_\_\_\_\_

Are the grant funds being passed through to the sponsor listed above from another agency (prime)? Choose One  
Name of prime \_\_\_\_\_

Will this project require new or renovated space/facilities? Choose One  
If yes, describe needed resources and give the source of funding if other than requested in this proposal.  
\_\_\_\_\_

Will there be additional IT resources (e.g., additional servers, data storage, programming, etc.) above that currently provided by the department? Choose One  
If yes, describe needed resources and how they will be funded.  
\_\_\_\_\_

Will this project result in the development or creation of intellectual property (product, process, or idea resulting from scholarly or creative activity regardless of whether it is eligible for protection under provision of copyright, patent, or trademark law)? Choose One

If yes, complete the Intellectual Property Rights Policy Form, attach, and submit for approval.

#### BUDGET

BUDGET			
	1 <sup>st</sup> Year Budget	Total Budget	
Grant Funds Requested			
Winthrop Cash Match			Is there a required cash match? Choose One If yes, please state the amount: _____
Winthrop In-Kind Match			Is there a required in-kind match? Choose One If yes, please describe: _____
Other Cash Match			Describe: _____
Other In-Kind Match			Describe: _____
Total Budget	\$ 0	\$ 0	Indirect Cost Rate (if other than University negotiated rate): _____

Is there a subaward(s) on this grant? Choose One  
Institution(s)/Amount \_\_\_\_\_

Will the University be required to purchase any new equipment or incur equipment installation costs that are not covered in the project budget in order to conduct this project? Choose One  
If yes, explain: \_\_\_\_\_

Is there an obligation to continue this project, including the provision of space, after the grant funding has ended? Choose One  
If yes, explain below how the continuation will be funded.  
\_\_\_\_\_

Procurement Card Liaison  
Name: \_\_\_\_\_

Winthrop ID #: \_\_\_\_\_

Project Location  
 Winthrop University  
 Other \_\_\_\_\_

**PROJECT PERSONNEL**

List all personnel (current employees and new positions) who have effort and/or will be paid on this grant. Attach a separate sheet if necessary.

Name and Role	CWID#	% Effort	Dual Employ Salary + FB	Summer Salary + FB	Source of Funding (Grant, Winthrop, Other)
		0%			
		0%			
		0%			
		0%			
		0%			
		0%			
		0%			
		0%			
		0%			
		0%			

**COMPLIANCE CERTIFICATIONS**

Will this project involve research with human subjects? Choose One

IRB Protocol # \_\_\_\_\_ IRB Approval Date: \_\_\_\_\_ Exemption Date: \_\_\_\_\_

Pending IRB Approval

Will this project involve research with live vertebrate animals? Choose One

IACUC Protocol # \_\_\_\_\_ IACUC Approval Date: \_\_\_\_\_

Pending IACUC Approval

Will this project involve the use of biohazardous materials? Choose One

Biosafety Protocol # \_\_\_\_\_ Biosafety Approval Date: \_\_\_\_\_

Pending Biosafety Approval

**FINANCIAL DISCLOSURE**

Do any of the project personnel, their spouse, dependent children or any staff member associated with this project have any financial interest related to the work to be conducted under this sponsored project? Choose One  
If yes, complete and attach the Disclosure of Financial Interest for Sponsored Projects Form for each individual with a financial interest.

Please send the completed form and application to GSRD for review and set-up for e-signature approval in Adobe Sign.

**Approvals**

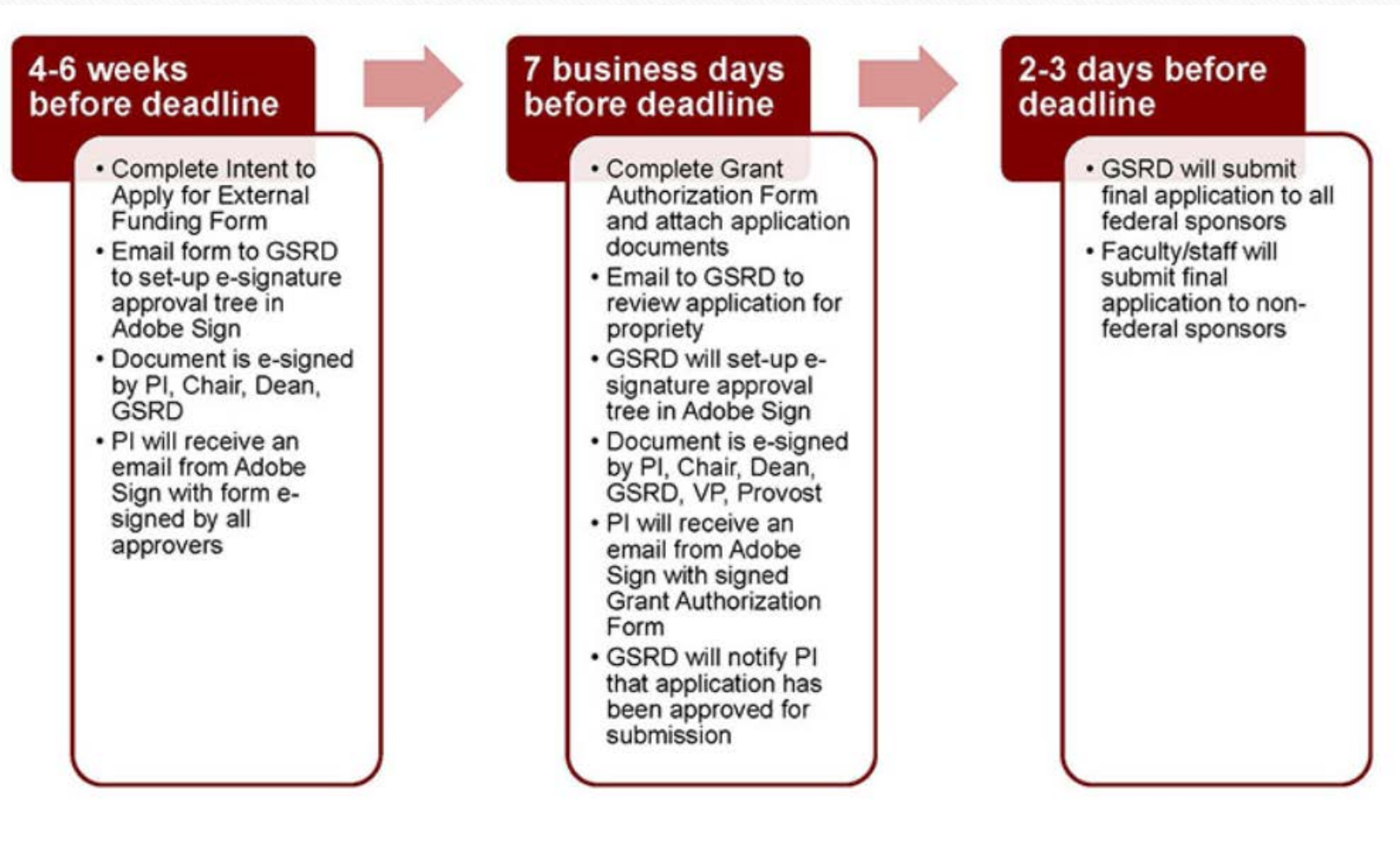
- Budgets for \$25,000 or less with no course re-assigned time and no matching/cost-share requirements: Department Chair, Dean, and GSRD
- Budgets over \$25,000 and/or including course re-assigned time and mandatory cost-share balances must be approved by the Department Chair, Dean, and GSRD, Vice President, and Provost

**SIGNATURES**

Principal Investigator	_____	Date	_____
Principal Investigator	_____	Date	_____
Principal Investigator	_____	Date	_____
Department Chair	_____	Date	_____
Department Chair	_____	Date	_____
Department Chair	_____	Date	_____
Dean	_____	Date	_____
Dean	_____	Date	_____
Dean	_____	Date	_____
VP for Finance & Business Affairs	_____	Date	_____
VP for _____	_____	Date	_____
Provost	_____	Date	_____
GSRD	_____	Date	_____

# Proposal Review and Approval Timeline

<https://www.winthrop.edu/grants/proposal-review-and-submission.aspx>



## Adobe Sign Demo

<https://helpx.adobe.com/sign/how-to/adobe-for-signers.html?playlist=/ccx/v1/collection/product/sign/segment/designer/explevel/beginner/applaunch/continuinged/collection.ccx.js?ref=helpx.adobe.com>

# Adobe Sign



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Adobe Sign

Winthrop University  
Grants and Sponsored Research Development  
Grant Routing and Authorization Form

<b>A. PROJECT INFORMATION</b>	
Project Title: Acceptable Tradeoffs between Economic Growth and Environmental Protection: Comparison of Developed and Developing Economies' Public Opinions	Submission Deadline: Rolling
Sponsor: Institute for Humane Studies	Electronic Submission <input type="checkbox"/> Federal (grants.gov, research.gov, etc.) <input checked="" type="checkbox"/> Agency grant portal
Sponsor Type: <input type="checkbox"/> Federal (CFDA # ) <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	
Anticipated Project Period: October 1 – December 31, 2018	
Number of Years: ~1 year (3 months)	
Project Type: <input checked="" type="checkbox"/> Research <input type="checkbox"/> Instruction <input type="checkbox"/> Public Service/Outreach <input type="checkbox"/> Facilities <input type="checkbox"/> Other	
Submission Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Continuation	
Principal Investigator: Hye-Sung Kim	Department: Political Science
Email: <a href="mailto:kskim@winthrop.edu">kskim@winthrop.edu</a>	Phone: 803/323-4664
Project Location: United States	
<b>B. THIRD PARTY PARTICIPATION</b> <small>(Note: A collaborative agency is when both Winthrop and the other agency jointly submit the proposal and will both be shown as recipients. A pass through, or sub-award is when an external agency submits the proposal, receives the award and then sub-awards all or a portion of the funds to Winthrop.)</small>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Winthrop collaborating with another institution on this project? Collaborating Institution: _____ Contact Person: _____ Phone: _____ Who is the lead institution? _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are funds being passed to Winthrop through another agency or institution? Pass-through Agency: _____

Form ID: 10142018 Page 1 of 1

## Office of Grants and Sponsored Research Development GSRD Has Sent You TEST eSIGN to Sign

Office of Grants and Sponsored Research Development GSRD (Winthrop University) says:  
*"Please review and complete TEST eSIGN."*

[Click here to review and sign TEST eSIGN.](#)

After you sign TEST eSIGN, the agreement will be sent to Michele Smith. Then, all parties will be notified via email.

To ensure that you continue receiving our emails, please add [echosign@echosign.com](mailto:echosign@echosign.com) to your address book or safe list.



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Iternative actions ▾

TEST eSIGN

Type, write,  
or upload  
signature  
where  
indicated



1. I am not delinquent on any federal debt.  
 2. I am not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from current transactions by a federal department or agency.  
 3. I have not and will not lobby any federal agency on behalf of this award.  
 4. I will abide by all applicable policies and procedures of Winthrop University, the State of South Carolina, and the grantor.  
 5. I will accurately disclose program progress, results, expenditures and revenue to Winthrop University and to the grantor.

**Financial Disclosure Statement:** I certify that I have read and understood the Winthrop University Policy on the Disclosure of Financial Interest. I have attached a Disclosure of Financial Interest for Sponsored  for any financial interest that I, my spouse, or any dependent living in my household [Click to change](#) this proposal.

<i>Kristin Smith</i> x Sep 20, 2018	
Signature of Principal Investigator / Date	Signature of Principal Investigator / Date
Signature of Co-Investigator / Date	Signature of Co-Investigator / Date

**ASSURANCE OF DEPARTMENT HEAD AND DEAN  
(Must be signed by all Department Chairs and Deans for every Department and College represented)**

I certify that the attached proposal fits within the Department's overall programming goals. Adequate space, technology, and other resources are available or have been included in the proposal budget to conduct the project. The professional time allotted is realistic and within University guidelines.

Signature of Department Head / Date	Signature of Dean / Date
Signature of Department Head / Date	Signature of Dean / Date

**PROJECT APPROVAL AND AUTHORIZATION TO SUBMIT PROPOSAL TO SPONSOR**

Grants and Sponsored Research Development		Date:
Vice President for Student Life		Date:

I agree to the [Terms of Use](#) and [Consumer Disclosure](#) of this document

[Click to Sign](#)



Click here  
when  
signature is  
complete



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Winthrop University  
Faculty and Personnel Services Department  
Grant Writing and Authorization Form

**1. PROJECT INFORMATION**

Project Title: [Blank]	Project Number: [Blank]
Department/Division: [Blank]	Project Start Date: [Blank]
Project End Date: [Blank]	Project Status: [Blank]
Project Manager: [Blank]	Project Sponsor: [Blank]
Project Budget: [Blank]	Project Funding Source: [Blank]

**2. GRANT WRITING AUTHORIZATION**

I, the undersigned, hereby authorize the [Blank] to [Blank] on behalf of Winthrop University.

Yes  No

**3. AUTHORIZATION**

Yes  No

**4. COMMENTS**

[Blank]

Page 1 of 1

You have successfully signed the agreement "TEST eSIGN".

It has now been sent to Michele Smith to sign.

Download a copy

Sign up for a free trial

**Thank You!!!**

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