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			New or renovated space or installation requirements?
Yes	No	N/A	Creation of a new, non-student position(s)?
Yes	No	N/A	Request for leave support or summer salary?
Yes	No	N/A	IT services (data storage, servers, computer, laptop, iPad, etc.)?
Yes	No	N/A	Library services?

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SUBAWARDS

Yes	No	N/A	Is this proposal a subaward of another institution's proposal? If yes, please list the lead institution: _____
Yes	No	N/A	Does this proposal include a subaward to another institution? Which institution(s) _____

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ADDITIONAL INSTITUTIONAL APPROVALS (if applicable) N/A

Animal research?	Yes	No	IACUC Approval#	_____	Date	_____
Human subjects?	Yes	No	IRB Approval#	_____	Date	_____
Recombinant DNA?	Yes	No	IBC Approval#	_____	Date	_____
Synthetic nucleic molecule	Yes	No	IBC Approval#	_____	Date	_____
Radioactive materials/radiation generating machines?	Yes					

		Yes	No	N/A
o	<a href="#">EPA Extremely Hazardous Substance List</a>	Yes	No	N/A
o	<a href="#">Department of Homeland Security Chemicals of Interest List</a>	Yes	No	N/A
	Will any biohazardous materials be used?	Yes	No	N/A
	Will any <a href="#">HHS/USDA Select Agents or Toxins</a> be used?	Yes	No	N/A
	Will any <a href="#">DEA Schedule-V Drugs</a> be used?	Yes	No	N/A
	Will any transportation of hazardous materials take place?	Yes	No	N/A
	Are there sufficient existing engineering controls to safely handle/manage all radiological, laser, chemical and			

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NSF/NIH AWARD TERM AND CONDITION ENTITLED, " NOTIFICATION REQUIREMENTS REGARDING SEXUAL HARASSMENT, OTHER FORMS OF HARASSMENT, OR SEXUAL ASSAULT"

As a condition of acceptance of this award, the PI understands and agrees that the sponsor will be promptly notified if (1) the PI placed on administrative leave while under investigation for a possible violation of Bowdoin's Discrimination, Harassment and Sexual Misconduct Policy and/or (2) if the PI is found responsible for violating Bowdoin's Discrimination, Harassment and Sexual Misconduct Policy. Initial here: \_\_\_\_\_

By typing my name below, I certify that the above certifications are true and complete to the best of my knowledge I agree to comply with relevant federal requirements and the award terms and conditions if the award is made. I agree to spend all matches within the grant period.

\_\_\_\_\_  
Principal Investigator

Date \_\_\_\_\_

The proposal this form relates to is consistent with the overall goals of the College and all the institutional and budgetary concerns are resolved. I delegate the authority to execute, deliver or file grant documents for this grant to the Director of Sponsored Research.

\_\_\_\_\_  
Sr. VP and Dean for Academic Affairs

Date \_\_\_\_\_