

**Samford University  
Office of Sponsored Programs  
Grant Application Sign-Off Form**

PI Name: \_\_\_\_\_ Email: \_\_\_\_\_

School/Dept.: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-PI Name(s): \_\_\_\_\_ School/Dept.: \_\_\_\_\_

Percent Credit to PI: \_\_\_\_\_ Percent Credit to Co-PI(s): \_\_\_\_\_  
(this must total 100%)

Funding Source/Solicitation: \_\_\_\_\_

Application Deadline: \_\_\_\_\_

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

Total Budget: \_\_\_\_\_ Direct Costs: \_\_\_\_\_ Indirect Costs: \_\_\_\_\_

IC Distribution: Dean: \_\_\_\_\_ FOAP: \_\_\_\_\_

Department: \_\_\_\_\_ FOAP: \_\_\_\_\_

Samford Cost Share: \_\_\_\_\_ Source of Cost Share: \_\_\_\_\_

Compliance requirements: IRB IACUC COI Disclosure Date: \_\_\_\_\_ Other: \_\_\_\_\_

Comments:

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Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Co-PI (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Provost (CHS only): \_\_\_\_\_ Date: \_\_\_\_\_

Grants Accounting: \_\_\_\_\_ Date: \_\_\_\_\_

Research Compliance: \_\_\_\_\_ Date: \_\_\_\_\_

Director of OSP: \_\_\_\_\_ Date: \_\_\_\_\_

Provost: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_

(Required for federal grant applications)