

Full Proposal Form for PSSC Philosophy of Self-Control Proposals (for 2015-16)

Please answer the questions below.

Project Summary Information

Project Title

Provide a descriptive project title. Limit your response to 150 characters.

Proposed Project Start and End Dates

Start date (no earlier than July 1, 2015).

End date (12 months or less from start date, and no later than August 14, 2016).

Request Amount

Specify the amount of funding you're requesting from the PSSC Project (in U.S. dollars).

Additional Funding from Other Sources

Do you have additional funding from other sources for this project? If so, please provide us with the names of your additional sources of funding for this project. For each potential source, please list the amount of funding you have secured.

Project Leader Information

Project Leader

The project leader is the individual who will be most responsible for the implementation and completion of the proposed project. Provide the following information about the Project Leader.

Name (including middle name or initial)

Provide the project leader's name.

Title

Provide the professional title of the Project Leader (for example, Associate Professor, Chair, Executive Director, etc.).

E-mail

Provide an e-mail address for the Project Leader.

Phone Number

Provide a phone number for the Project Leader. If located in the U.S., please include the area code. If located outside the U.S., include the country code and city code, as applicable. Please type numbers only, without any punctuation or formatting.

Organization Information

Provide information on the organization that will be responsible for this project if it is funded.

Organization Name

Provide the name of the organization responsible for this project. If this request is affiliated with a specific Center or Department within a college or university, provide the name of the college or university, not the Center or Department. Please do not use abbreviations.

Also Known As

List any common abbreviation or possible English translation for your organization.

Organization Country

Provide the name of the country where the organization is located.

Web Address

Provide the organization's web address, if available.

Legal Name of Organization

*In general, the PSSC Project funds organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Provide the **legal name** of your organization, as it appears on your IRS determination letter. If your organization is not tax-exempt under Section 501(c)(3), or does not have tax-exempt status in the United States, please speak with your Program Officer.*

Legal Organization 501(c)(3) Tax Identification Number

Enter the Federal Tax Identification Number (TIN) or Employer Identification Number (EIN), which corresponds with the legal name of your organization as entered above and as it appears on your IRS determination letter. If you do not have a TIN or EIN, leave this field empty.

Complete Mailing (Postal) Address for the Legal Organization

For academic institutions, include the Department, School, Center or other sub-organization name.

Contract Signatory

Provide the name and contact information for the person who will be responsible for signing the Grant Agreement contract, should your proposed project be approved by the PSSC Project. If you are applying from a college or university, this may be the grants administrative staff person from your office of sponsored programs (or equivalent). Please contact them in advance of submitting your full proposal to ensure you are following your university or college's grant application procedures.

Name (including middle name or initial)

Provide the signatory's name.

Title

Provide the professional title of the signatory.

E-mail

Provide an e-mail address for the signatory.

Phone Number

Provide a phone number for the signatory. If located in the U.S., please include the area code. If located outside the U.S., include the country code and city code, as applicable. Please type numbers only, without any punctuation or formatting.

Complete Mailing (Postal) Address

For academic institutions, include the Department, School, Center or other sub-organization name.

Certification of Accuracy and Terms of Agreement

By providing the above requested information, the individual submitting this request for funding certifies that the information contained in this Full Proposal Form is accurate. The person submitting this proposal agrees that if a grant is awarded to the organization:

- (1) The grant funds will be used for the purpose outlined in the Grant Agreement and may not be expended for any other purpose without prior written approval from the PSSC Project;
- (2) Information about the organization and the grant may be used by the PSSC Project in any published materials;
- (3) The budget has been reviewed and approved by appropriate administrative officials, and;
- 4) Applicant certifies that it does not knowingly support (including through subgrants), employ or do business with, directly or indirectly, individuals, entities, or groups that are subject to the U.S. Treasury Department's Office of Foreign

Assets Control (OFAC) sanctions, or with individuals, entities or groups known to applicant to support terrorism or to have violated OFAC sanctions. Applicant will provide the PSSC Project with all names and other information requested by the PSSC Project to substantiate that this certification is, and continues to be, accurate as long as a grant proposal is pending and during the term of any grant and a reasonable period thereafter.

I certify the above information is accurate and has been reviewed and/or approved by appropriate representatives of the organization.