

THE RESEARCH FOUNDATION OF SUNY — DOWNSTATE MEDICAL CENTER

Office of Scientific Affairs, Sponsored Programs

BSB 2-71E / 718-270-2680 / 450 Clarkson Ave, Box 129, Brooklyn, NY 11203

RESEARCH PROPOSAL APPLICATION REVIEW/SIGNATURE WORKSHEET

PRINCIPAL INVESTIGATOR:

Title:

Dept:

Office Address (bldg/room):

Box #:

Phone #:

PROPOSAL:

Title:

Sponsor:

Project Period: From -

To -

Application Type: -New -Renewal -Continuation -Supplement -Resubmission

PERFORMANCE SITES:

- HSCB and/or University Hospital
- Kings County Hospital Center (evidence of approval required prior to submission)
- Veterans Administration Medical Center (evidence of approval required prior to submission)
- Other (identify):

DOES PROPOSED RESEARCH INVOLVE:

- | | | |
|---------------------|------------------------------|-------------------------------|
| Human Subjects | <input type="checkbox"/> -No | <input type="checkbox"/> -Yes |
| Animals | <input type="checkbox"/> -No | <input type="checkbox"/> -Yes |
| rDNA | <input type="checkbox"/> -No | <input type="checkbox"/> -Yes |
| Hazardous Materials | <input type="checkbox"/> -No | <input type="checkbox"/> -Yes |

If any of these answers are "yes," approval from the appropriate review committee will be required at the time of submission or prior to award.

INDIRECT COSTS: (check applicable rate)

- | <u>On-Campus</u> | <u>Off-Campus</u> | <u>Type</u> |
|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> 56%, 58%, 59%, 59.5% MTDC | <input type="checkbox"/> 26.0% MTDC | Federal (current approved rates) |
| <input type="checkbox"/> % MTDC | <input type="checkbox"/> % MTDC | Federal (other rate) |
| <input type="checkbox"/> 25.0% TDC | <input type="checkbox"/> 25.0% TDC | Pharmaceutical |
| <input type="checkbox"/> % TDC | <input type="checkbox"/> % TDC | Limited by Sponsor |

* For indirect cost rates requested through an **indirect cost waiver**, enter the proposed rate, _____.

Request for an indirect cost waiver must be submitted to the Chief Financial Officer for review and approval prior to submission of the proposal.

COMMITMENT OF SPACE — Proposed Project Will Require:

- | | |
|--|-----------------------------|
| <input type="checkbox"/> -Yes <input type="checkbox"/> -No | Additional laboratory space |
| <input type="checkbox"/> -Yes <input type="checkbox"/> -No | Additional office space |
| <input type="checkbox"/> -Yes <input type="checkbox"/> -No | Space renovations |

If "yes," evidence of approval from Dean and FM&D required.

List **all** rooms to be used for this project:

COMMITMENT OF INSTITUTIONAL RESOURCES:

-Yes -No Additional DMC resources required for this project
If "yes," list resources required below and provide evidence of appropriate approvals.
Identify specific Institutional resources required:

PROGRAM INCOME:

-Yes -No If "yes," estimated amount of revenue = \$

COST SHARING:

Will there be cost sharing for this proposal? -Yes -No

If "yes," is cost sharing -voluntary or -mandatory

If "yes," -DMC salary (see A below) -OTPS (see B below) -DMC salary & OTPS (see A and B below)

A DMC salary cost sharing — for each DMC employee, including PI, provide the following
Name / % Effort Cost Shared / % Effort (or # months) Paid from Grant

B OTPS cost sharing — list expenses and their source of funding and provide evidence of appropriate approvals

APPROVALS:

Principal Investigator _____ Date: _____

For all applications: I certify that I have filed a State Ethics Commission form (SUNY II) during the current academic year and changes are not required at the time of this application.

For all Federal applications: I certify that the statements in this proposal are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. I am not delinquent on the repayment of any federal debt obligation. I have not and will not use federal funds for lobbying activities.

Department Chair _____ Date: _____

Eva B. Cramer, PhD _____ Date: _____
Vice President for Biotechnology and Scientific Affairs

Robin P. Nesby _____ Date: _____
Director of Sponsored Programs