

**Baruch College
Internal Approval Cover Sheet for Grant Proposals**

Principal Investigator EMPL ID:

Principal Investigator's Name

Department

Project Title

Submission Deadline

Funding Agency

Project Period

Start Date

End Date

Total Direct Costs

Total F&A (Indirect Costs)

Cost Share Amount

Total Project Budget

Indirect Cost Rate

Fiscal Agent

 Research Foundation BCF Other: _____

Proposed A/Cal Effort on Project: Year 1: ___ % Year 2: ___ % Year 3: ___ % Year 4: ___ % Year 5: ___ %

Proposed Summer Mo's on Project: Year 1: ___ Year 2: ___ Year 3: ___ Year 4: ___ Year 5: ___

- Additional Space** Yes No **If yes, what kind** _____
- Renovations** Yes No **If yes, what kind** _____
- Human Subjects** Yes No **If yes, date of IRB Approval** _____
- Laboratory Animals** Yes No **If yes, date of IACUC Approval** _____
- Institutionalization** Yes No **(Will the College eventually assume project cost)** _____
- Cost Share** Yes No **If yes, source of cost share** _____

Conflict of Interest Form Yes No

Responsible Conduct of Research (RCR) On-line Training Requirement completed:

Yes No **If no, I will complete the training within 30 days of the date below. I understand that failure to complete the training requirements in the allotted time may result in the college withdrawing my application.**

Initials

Endorsements and Signatures:

As the project director and/or faculty participant, I affirm that I will fulfill the requirements of any grant or contract received as a result of this application.

Principal Investigator/Project Director

*** Date**

By their signatures below the Department Chair and/or the Dean as appropriate affirms that the cost-sharing components incorporated in the proposed project budget reflect an accurate and acceptable contribution to the project, and the Department or School will provide, or arrange to provide, documentation which will meet the needs of the sponsor's auditors for cost sharing commitments.

Signature of Department Chair **Date** _____
SPAR, Director **Date**

Signature of School Dean **Date** _____
Provost* **Date**

***Signature required for proposals that have recoveries, release time, or facilities and administrative (indirect costs) rate less than 15%**