

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

Principal Investigator(PI)/Project Director(PD) EMPLD ID:

Principal Investigator/ Project Director's Name

Department/Unit

Project Title

Submission Deadline

Funding Agency

Project Period	
Start Date	End Date
<input type="text"/>	<input type="text"/>

Total Direct Cost

Total F&A (Indirect Cost)

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: _____
 Is a Reduced Release Time Rate being used?: Yes No What is the Rate?: _____ Fringe Rate: _____

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 (PD)/faculty Principal Investigator(PI)**, I affirm that I will fulfill the requirements of any grant or contract received as a result of this application.

Project Director/Principal Investigator: _____ **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 or facilities and administrative (indirect cost) rate less than 15%**