

## PRE-PROPOSAL FORM

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Solicitation Number: \_\_\_\_\_ Agency: \_\_\_\_\_ Funding Source: Choose an item.

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

Proposal Deadline: \_\_\_\_\_ Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Project Type: Choose an item. Project Purpose: Choose an item.

Cost Sharing Funds: Choose an item. Source of Cost Share: \_\_\_\_\_

Is this a collaboration with another institution (CUNY or non-CUNY)? **Yes**  **No**

Subrecipient PI: \_\_\_\_\_ Subrecipient Institution: \_\_\_\_\_ OSPR Contact: \_\_\_\_\_

Does this research involve mentoring historically underrepresented students? **Yes**  **No**  If yes, please provide details on page 4.

### BUDGET INFORMATION

	<u>Year One</u>	<u>All Years</u>
Total Direct Costs	_____	_____
Indirect Costs	_____	_____
Total Project Costs	_____	_____

*If Indirect Costs are not covered by sponsor, please provide details in Comments section on Page 4.*

	<u># Hr/Year</u>	<u>Total # Hrs</u>	<u>NA</u>
<b>Released Time</b>			
Sponsored	_____	_____	_____
UnSponsored	_____	_____	_____

*Sponsored and UnSponsored Release Time is calculated at 10% of your annual salary for 3 contact hours.  
\*Please be advised that Release Time will impact the Department's Adjunct Budget\**

	<u># Months (Year 1)</u>	<u># Months (All Years)</u>	<u>NA</u>
<b>Summer Salary</b>	_____	_____	_____

	<u>Budget</u>	<u>NA</u>
<b>Doctoral Support</b>	_____	_____

### COMPLIANCE INFORMATION

	Yes	No	
Human subjects (include interviews, surveys, observations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	For IRB information and guidance, please contact Eliana Forero <a href="mailto:Eliana.forero@csi.cuny.edu">Eliana.forero@csi.cuny.edu</a> (ext. 3867)
Animal subjects	<input type="checkbox"/>	<input type="checkbox"/>	For IACUC information and guidance, please contact Eliana Forero <a href="mailto:Eliana.forero@csi.cuny.edu">Eliana.forero@csi.cuny.edu</a> (ext. 3867)
Use of any CSI facilities	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please provide details in Comments section on Page 4

## RCR / COI / CITI Training

Have all PIs and Co-PIs completed the Conflict of Interest Training?

Yes  No

Are there any potential conflicts of interest that you might be aware of related to this research study?

Yes  No

*If yes, please provide details in Comments section on Page 4.*

I understand, as the PI, it is my responsibility to ensure that all research personnel involved in this project have the appropriate [RCR/COI/IRB and/or IACUC CITI training\(s\)](#).

Yes  No

I understand that CITI certificates for all personnel involved in this research must be current throughout the project.

Yes  No

## Export Control

Does this project include the export of materials (including technical or electronic data) to other countries or provide access to such materials through foreign collaboration that may be restricted by Export Administration Regulations (EAR), International Traffic in Arms Regulations (ITAR) or by the Office of Foreign Assets Controls (OFAC)?

Yes  No

*If yes, certain licensing procedures must be followed. Our Export Control Officer and Office of Research and Sponsored Programs (ORSP) will assist the PI in the process.*

## Certification

My signature below certifies that:

Neither myself nor my co-PIs are presently debarred or suspended from doing business with the Federal Government; I accept responsibility for the financial and scientific conduct of the project and will provide the required financial and technical/progress reports if a grant is awarded; the proposal complies with applicable institutional, sponsor, federal, state and local regulations and CUNY's Patent Policy and Conflict of Interest Policy.

PI Signature \_\_\_\_\_ Date \_\_\_\_\_

Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Grants Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

## Project Description

## Comments