



The Research Foundation of SUNY – Downstate Medical Center
Sponsored Programs Administration, ORA
PROPOSAL TRACKING DATA SHEET / SIGNATURE WORKSHEET

ORA Reviewed by: _____ phone: _____

Principal Investigator: _____ Faculty *Resident *Fellow Mentor's name: _____
Departments: _____ Schools: _____ (*Resident or Fellow requires mentor name; may require PI waiver)
Project Title: _____ Deadline Date: _____
Program Announcement: _____ CFDA: _____ Is this a Limited Submission? Y N
Application Type: New Supplement Competing Continuation Progress Report (non-competing)
 Resubmission (enter prior #) _____ Transfer-in (enter Institution): _____
Sponsor: _____ Originating Sponsor: _____ Flow-thru: _____
Start Date: _____ End Date: _____ Total Cost: \$ _____ F&A Rate: _____ F&A Type: _____

Are you applying for a Research Grant? Y N circle one: Basic, Translational or Clinical Is this a Clinical Trial? Y N

Cost-Share: (If "Y," this must be accompanied by a cost-share letter, signed by the Department Chair)

Will there be cost-sharing on this project? Y N If "Y," Identify type: Voluntary Mandatory Both
Personnel: \$ _____ Equipment: \$ _____ OTPS: \$ _____ Account #: _____

Compliance (please select all that apply):

Human Subjects: Y N IRB: Pending Approved Approval #: _____ Date: _____
Animal Subjects: Y N IACUC: Pending Approved Approval #: _____ Date: _____
Biosafety: Y N IBC: Pending Approved Approval #: _____ Date: _____
Radioactive Materials Committee Y N Approval: Pending Approved Approval #: _____ Date: _____

Space (please select all that apply):

Buildings: _____ Floors: _____ Rooms: _____
Can this research be carried out in existing space? (If "N," Chair, Dean* and OM approval are required) Y N
Are alterations/renovations required? (If "Y," Chair, Dean* and OM approval are required) Y N
Is installation of equipment expected? If yes, identify fund source: _____ Y N
Are additional DMC resources required for this project? Y N
If yes, identify (Chair, Dean and OM approval are required): _____

List additional performance sites (or check one below): _____

- HSCB and/or University Hospital Kings County Hospital (evidence of approval required prior to submission)
 Other VA (evidence of approval required prior to submission; MOU is required)

COI: Please identify the names and roles of all investigators participating on this project (use additional sheet as necessary):

Definition of Investigator: The project director, Principal Investigator, co-Principal Investigator, personnel who are considered to be essential to work performance (including study and/or research coordinators), or any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research. The PI is responsible for identifying all Investigators involved in their research activities. If the role of an individual is unclear and that individual is listed as an Investigator, compliance with all training and filing requirements will be expected. Note - Transient staff such as medical students, residents and fellows who recruit patients and collect data but are not key to the design, conduct or reporting of research are not considered Investigators for the purposes of COI.

Name: _____ Role: _____
Name: _____ Role: _____
Name: _____ Role: _____
Name: _____ Role: _____

Please check the following:

Is the sponsor (or originating sponsor) a foreign entity (i.e. governments, universities, companies, that are non-U.S. based)?
If "Y," identify Country _____ Y N
Are there subcontracts? If "Y," how many? ____, Foreign? If "Y," Identify country: _____ Y N
Do you anticipate work being conducted outside the U.S.? If yes, identify country: _____ Y N
Are foreign nationals assisting you in this research project? If yes, identify country: _____ Y N

- Does your work involve [Select Agents and Toxins](#)? Y N
- Does project involve [Hazardous Materials](#)? Y N
- Does project involve [Shipment of Infectious/Potentially Infectious Materials](#)? Y N
- Does project involve the use of [Recombinant DNA \(rDNA\)](#)? Y N
- Does project involve [Human Gene Transfer](#)? Y N
- Does project involve [Stem Cells](#)? If yes, identify type & line _____ Y N
- Are the costs to the consortium greater than 49% of your proposed budget? Y N
- Do you anticipate any inventions/discoveries will result from this project? Y N
- Is [program income](#) anticipated? Estimated \$ _____ Y N
- Does project involve Radiology? Y N
- Does this project involve Radioactive Materials? Y N
- Does this project involve Investigational Drugs or the Research Pharmacy? Y N
- Does this project involve Ancillary tests done in the hospital? If "Y," which hospital? _____ Y N
- Is this proposal identical or substantially similar to any other proposal currently pending or awarded? Y N
- Will this proposal be submitted to another sponsor? If yes, which one: _____ Y N
- Will we be the IRB of record for another institution? If so, which _____ Y N

PI Certifications

- o To the best of my knowledge and belief, I and all other individuals who will be responsible for the design, conduct, or reporting of the research or educational activities included in this project completed an up to date Conflict of Interest disclosure and changes are not required at the time of this application.
- o The investigator authorizes the release of Institutional Base Salary (IBS) for the purpose of applying to an extramural sponsor, as part of this application.
- o 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. I am not delinquent on the repayment of any federal debt obligation.
- o I/we have not, to the best of my knowledge, been suspended or debarred, nor excluded from federal financial and nonfinancial benefits under federal programs or activities
- o I/we have not, to the best of my knowledge, utilized federal appropriated funds for lobbying the Executive or Legislative Branches of the Federal Government
- o The human and/or animal research protocol(s) have been/will be reviewed and approved by the Institutional Review Board (IRB) and/or Institutional Animal Care and Use Committee (IACUC) and reflects the work proposed in this proposal.
- o All activities in this project will be carried out in compliance with the Environmental Health and Safety policies and procedures.
- o If the sponsored project is awarded, I/we will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity within the sponsored project.
- o The information presented in this proposal is complete, accurate and developed according to practices commonly accepted within the scientific community.
- o To the best of my/our knowledge, all my/our other support includes any and all affiliations made available in support of and/or related to *all* of our research endeavors regardless of whether or not they have monetary value and regardless of whether they are based at the institution the researcher identifies for the current grant. This may include: in-kind resources; financial support through grants, contracts and other awards; positions and scientific appointments; selection to 'talents' or similar-like programs; and 'gifts' where items or funds are received with conditions attached or deliverables expected in return, in addition to this proposal or progress report, as disclosure is required by sponsor. If all pending proposals are funded, my/our effort to be expended on the projects has been accurately stated or will be adjusted as required (with prior sponsor approval having been requested through Sponsored Programs Administration as applicable).
- o To the best of my/our knowledge, any scientific, budgetary or overlap between this proposal and any other proposal or award has been appropriately disclosed in this proposal. If this project is awarded, any such overlap that exists will be identified, reported and approved by the requisite sponsors prior to acceptance of such award.
- o I/we agree to assign and do hereby assign my entire right, title and interest in and to any and all Intellectual Property created (as defined in the Policy), that are subject to the Patents, Inventions and Copyright Policy of SUNY (the "Policy" 8 NYCRR 335.28 & 335.29) and in and to any and all patent, copyright and trademark applications (or registrations) filed thereon to RFSUNY. I further agree to promptly disclose all Intellectual Property to the Downstate Office of Technology Commercialization, prior to publication or public disclosure of any patent.

PI signature: _____ Date: _____

PI signature: _____ Date: _____

Chair's Certification: (use a 2nd page for additional signatures)

- o I/we certify that we have reviewed this proposal and take responsibility for ensuring that the necessary space, personnel, facilities, and other project specific resources detailed in the proposal (if any) attributable to my area will be available for this project. I/we recommend that this proposal be submitted.
- o If the salary requested for any investigator in my area does not commensurate with the percentage effort, my area will be responsible for the difference (principal investigators cannot be listed for less than 5% effort and salary on grants requesting over \$50,000 in direct costs without approvals unless this contradicts written agency/foundation policy.)

Chair signature: _____ Date: _____

Chair signature: _____ Date: _____

Dean's* signature:

- o I/we certify that we have reviewed this proposal and take responsibility for ensuring that the necessary space, personnel, facilities, and other project specific resources detailed in the proposal (if any) attributable to my area will be available for this project.

Dean's signature: _____ Date: _____

Dean's signature: _____ Date: _____

Institutional Certification (for Authorized Representative of DMC)

- o I/we certify that I/we have reviewed this project and agree that the necessary personnel, space, facilities and/or other services designated will be available in my institution

Authorized Representative: _____ Date: _____

Operations Manager Signature (where applicable):

OM signature: _____ Date: _____