



### Section III: Research Compliance Assurances

Does the proposed activity involve the following? If yes, provide information requested.

No Yes

- |   |   |
|---|---|
| 1. Human Subjects                             | Has project been approved by HSRRC?<br>No Yes Approval Date:                        |
| 2. Vertebrate Animals                         | Has project been approved by IACUC?<br>No Yes Approval Date:                        |
| 3. Recombinant DNA/<br>Biohazardous Materials | Has project been approved by IBC?<br>No Yes Approval Date:                          |
| 4. Radioactive Materials                      | Has project been approved by Radiation Safety Committee?<br>No Yes Approval Date:   |
| 5. Controlled Substances                      | Has project been approved by Controlled Substance Officer?<br>No Yes Approval Date: |
| 6. Financial Disclosure                       | Must be completed yearly prior to proposal submission                               |

### Section IV: Research Compliance Assurances

Please indicate all that apply to your proposal and fill in the necessary information as appropriate

No Yes

1. Computer Center Services

Project includes significant mainframe computer usage, programming support or other computer center involvement.

Approval by Computing Services:

No Yes

2. Major Equipment Usage

Appropriate recharge fees to cover maintenance costs must be included in the proposal. If no fees are included, dept. chair or dean's signature confirming source of funding for maintenance is required.

Approval by Department Chair/Dean:

No Yes

3. University Space/Facilities Commitments

a. Acquisition/Installation of Major Equipment

Approval by Dean:

Source of Funding:

b. Construction/Remodeling/Rehabilitation of Space

Reviewed by Physical Facilities:

Source of Funding:

c. Use of University "Environment" (trees, land, etc.)

Approval by Committee for University Environment:

d. Additional Space Request

If additional space can be identified within a Project Director's unit, the PD must arrange for use of that space with the dept. chair. A Special Needs Space Request Form must be attached only in cases where space, beyond the unit, is required.

4. Additional Commitments

No Yes

a. Matching funds for equipment purchase (requires signed Matching Funds Request Form)

b. Cost Sharing (other than Project Director time and effort)

Type:

Approval:

Type:

Approval:

c. Commitment of University resources beyond project period

Source:

## Section V: Effort of Participating Faculty

(Attach additional sheet if necessary)

NAME	IFR (circle \$ or %)	COST SHARE (circle \$ or %)	DIRECT SALARY FROM AWARD
	\$ % AY CY	\$ % AY CY	% or \$ CY SU #mos.
	\$ % AY CY	\$ % AY CY	% or \$ CY SU #mos.
	\$ % AY CY	\$ % AY CY	% or \$ CY SU #mos.

AY: Academic Year

CY: Calendar Year

SU: Summer

**Additional Explanation** (if needed):

### **EXTRA SERVICE**

Is any portion of sponsor funding intended as extra-service compensation payment Yes No  
(If yes, all campus policies and procedures regarding eligibility for such extra-service compensation must be met.)

## Section VI: Certification and Signatures

*ENDORSEMENTS ARE TO BE OBTAINED IN SEQUENCE BY THE PROJECT DIRECTOR*

Except as explained in detail separately, this application does not obligate the University for funds for additional personnel, facilities, equipment, remodeling, or matching or for the establishment of new organizations or programs not previously approved. The Project Director certifies that he/she is not, to the best of his/her knowledge, presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by any federal department or agency. Should this project result in an award, the project will be administered by the Research Foundation of SUNY and conducted in compliance with institutional, Research Foundation, and sponsor policies and requirements, such as Affirmative Action procedures, technical and final reports, etc

Project Director

Date

Project Director

Date

Project Director

Date

I have reviewed this proposal and find it consistent with Departmental/University policies and objectives. Departmental/University commitments to this project (space, cost sharing, faculty release time, etc.) are noted and approved. All costs which are beyond current Departmental/University resources are identified.

**If teaching load reduction is anticipated, please detail:**

Department Chair

Date

Dean

Date

## Section VII: Division of Research Review

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Research Development Services

Date

Associate Vice President for Research or Designee

Date

Sponsored Funds Administration

Date

### Subcontract Information (if applicable):

Name of the Subcontractor:

Included:

Scope of Work  
Budget  
Institutional Endorsement

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Included:

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Budget  
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### Instructions for Submission

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**SEND PROPOSAL TO :**

**Mailing Instructions:**

Fed Ex      US Mail

**Sponsor Contact Name/Phone #:**

**Number of copies to be sent: Original +**