

**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%**