**SUNY CANTON INTERNAL SIGNATURE SHEET**

**GRANT AND CONTRACT APPLICATIONS – RESEARCH & SPONSORED PROGRAMS**

**Please complete this form, attach proposal and return to The Office of Research and Sponsored Programs – MAC 602.**

**Section I: Proposal Information**

|  |
| --- |
| Proposal Type  \_\_\_\_\_Grant \_\_\_\_\_New Sponsor Deadline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_Contract \_\_\_\_\_Renewal  \_\_\_\_\_Individual/Fellowship \_\_\_\_\_Continuation \_\_\_\_Postmark \_\_\_\_Receipt  \_\_\_\_\_Pre-Proposal \_\_\_\_\_Supplement  \_\_\_\_\_Subcontract \_\_\_\_\_Resubmission  Proposed Activity  \_\_\_\_\_Conference \_\_\_\_\_Public Service In-House Deadline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_Research \_\_\_\_\_Instructional/Training (**Fourteen Working Days Prior To**  \_\_\_\_\_NYS/UUP **Sponsor Deadline)**    Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Date: From:\_\_\_\_/\_\_\_\_/\_\_\_\_ To:\_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Section II: Sponsor Information**

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| --- |
| Sponsor Type  Sponsor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Federal \_\_\_Foreign  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_State \_\_\_Private  Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Non-Profit \_\_\_ Other  Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section III: Project Director/Co-Project Director(s) Information**

Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#: xxx-xx-\_\_\_\_

Co-Project Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#: xxx-xx-\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#: xxx-xx-\_\_\_\_\_

**Section IV: Salary & Percent of Effort for Participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, Rank, Phone, and Department** | **Reimbursed from grant to IFR** | **Not Reimbursed Unpaid/Paid Effort (Cost Sharing)** | **Direct Salary from Grant** |
| Project Director | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time\_\_\_%  Extra Service\_\_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time\_\_\_%  Unpaid/Paid Effort \_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_Summer  \_\_Calendar Year  (RF Employees) |
| Co-Project Director | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time\_\_\_%  Extra Service\_\_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time\_\_\_%  Unpaid/Paid Effort \_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_Summer  \_\_Calendar Year  (RF Employees) |
| Faculty/Staff | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time \_\_\_%  Extra Service\_\_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time\_\_\_%  Unpaid/Paid Effort \_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_Summer  \_\_Calendar Year  (RF Employees) |

**Section IV: (Continued): - Salary & Percent of Effort Participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, Rank, Phone, and Department** | **Reimbursed from grant to IFR** | **Not Reimbursed Unpaid/Paid Effort (Cost Sharing)** | **Direct Salary from Grant** |
| Faculty/Staff | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time\_\_\_%  Extra Service\_\_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time\_\_\_%  Unpaid/Paid Effort \_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_Summer  \_\_Calendar Year  (RF Employees) |
| Faculty/Staff | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time\_\_\_%  Extra Service\_\_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Release Time\_\_\_%  Unpaid/Paid Effort \_\_%  \_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_Summer  \_\_Calendar Year  (RF Employees) |

AY = Academic Year CY = Calendar Year Sum = Summer

**Section V: Summary Budget**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | TOTAL |
| **Sponsor**  Direct Costs  Indirect Costs  TOTAL | $\_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_  \_\_\_\_\_\_\_  \_\_\_\_\_\_\_ |
| **Institutional Commitment**  Actual  In-kind  Cash  Direct Costs  Indirect Costs  TOTAL | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ |
| **Non-Institutional Commitment**  Actual  In-kind  TOTAL | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ |
| **TOTAL PROJECT COSTS** | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |

**Section VI: Indirect Costs**

|  |  |
| --- | --- |
| Location of Project  Indirect Cost Rate Used:  Rate:\_\_\_\_\_\_\_ | \_\_\_On Campus \_\_\_\_Off Campus List Locations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_Current Campus Rate \_\_\_Accounting Services  \_\_\_Published Sponsor Rate  \_\_\_Sponsor Negotiated Rate  \_\_\_Approved Campus Waiver |

**Section VII: Space Requirements**

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| --- |
| Is new, renovated or additional space needed \_\_\_YES \_\_\_NO  If YES – Specify Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Renovations required (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost Estimate: $\_\_\_\_\_\_\_\_\_\_\_ Approval Pending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved By: Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director of Facilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section VIII: Research Compliance Assurances**

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| --- | --- | --- | --- |
| Does the proposed activity involve any of the following? Not Applicable \_\_\_\_\_ If YES, please indicate below. All questions regarding these assurances should be directed to the Office of Sponsored Research at 386-7951 or 386-7686. | | | |
| 1. Human Subjects | \_\_YES \_\_NO | ⇨ COPHS #\_\_\_\_\_\_ | Approval Date:\_\_\_\_\_\_\_ |
| 1. Vertebrate Animals | \_\_YES  \_\_NO | ⇨ IACUC #\_\_\_\_\_\_\_ | Approval Date:\_\_\_\_\_\_\_ |
| 1. Controlled Substances | \_\_YES  \_\_NO | ⇨ Chemical Hygiene  Committee #\_\_\_\_\_ | Approval Date:\_\_\_\_\_\_\_ |
| 1. Biologically/Chemically Hazardous Materials | \_\_YES  \_\_NO | ⇨ Chemical Hygiene  Committee #\_\_\_\_\_ | Approval Date:\_\_\_\_\_\_\_ |
| 1. Recombinant DNA | \_\_YES  \_\_NO | ⇨ Chemical Hygiene  Committee #\_\_\_\_\_ | Approval Date:\_\_\_\_\_\_\_ |

**Section IX: Proposed Research Activity Information**

|  |  |
| --- | --- |
| Does the proposed activity involve any of the following? If YES, please provide the additional information requested. Questions should be directed to the Office of Sponsored Research at 386-7951 or 386-7686. | |
| 1. Proprietary information or inventions that have not been disclosed. | \_\_YES ⇨ Contact Office of Sponsored Research.  \_\_NO |
| 1. Involvement of personnel or facilities that are not SUNY Canton. | \_\_YES ⇨ Include approvals from collaborating  \_\_NO Institutions. |
| 1. Sub-awards to other institutions and/or organizations. | \_\_YES ⇨ Written commitments must be  \_\_NO included. |

**Section X: \_\_\_\_\_\_\_ Have read and agreed to Policy on Conflicts of Interests (attach document)**

**Section XI: APPROVALS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Director Date Chair/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Project Director Date Chair/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Staff Member Date Chair/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Dean Date V.P. for Academic Affairs Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Budget Date Director of Environmental Health & Safety Date

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Director of Capital Projects/Construction Management Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Academic Computing Services/IT Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President for Administrative Services or Appropriate Vice President Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Date

**PLEASE ATTACH THE COMPLETED PROPOSAL**