Baruch College
Internal Approval Cover Sheet for Grant Proposals

Principal Investigator's Name | **Department**

Project Title

Submission Deadline | **Funding Agency** | **Project Period**

Total Direct Costs | **Total F&A (Indirect Costs)** | **Cost Share Amount** | **Total Project Budget** ($0.00)

Indirect Cost Rate | **Fiscal Agent** ☐ Research Foundation ☐ BCF ☐ Other:_____

Proposed Effort on Project: Year 1:_____% Year 2: _____% Year 3: ____% Year 4: ____% Year 5: ____%
(If effort has been requested on this proposal please complete the attached certification form.)

DOES THIS PROPOSAL REQUIRE:

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 alloted 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%**