

**Baruch College  
Internal Approval Cover Sheet for Grant Proposals**

**Principal Investigator's Name**

**Department**

**Project Title Proposed Fiscal Agent**

**Submission Deadline**

**Funding Agency**

**Project Period**

**Total Direct Costs**

**Total Indirect Costs**

**Cost Share Amount**

**Total Project Budget**

**Indirect Cost Rate**

**Fiscal Agent**

 Research Foundation    BCF    Other: \_\_\_\_\_

**DOES THIS PROPOSAL REQUIRE:**

- Release Time**    Yes    No   Semester \_\_\_\_\_   # of Course Reductions \_\_\_\_\_  
**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

**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**

\_\_\_\_\_  
**Signature of School Dean**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**SPAR, Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provost**

\_\_\_\_\_  
**Date**

**\*Signature required for proposals that have a facilities and administrative (indirect cost) rate less than 15%**