NOTICE OF INTENT TO SUBMIT A GRANT APPLICATION

Use for grants with a PI/PD who is a member of the non-instructional staff

Complete this form as fully as possible and submit this form to College Advancement (M243) at least twelve working days in advance of submitting a proposal.

Make sure all approvals are in place.

Primary Investigator/Project Director: ___________________________ Today’s Date: __________

Department: ___________________________ Extension: ___________________________

Date Due: ________ Sponsor: ___________________________

Program Announcement # or URL: ___________________________

CFDA (federal grants only) # __________

Proposed Project Title: ___________________________

1. Is this a federal grant? □ No □ Yes

2. If a non-federal grant, is online submission required? □ No □ Yes

If yes, do you currently have access to the online submission interface? □ No □ Yes

3. Are other institutions involved? □ No □ Yes

If yes: a. Please list other institutions involved: ___________________________

          ___________________________

          ___________________________

          ___________________________

b. Is Kingsborough the lead? □ No □ Yes

If no, indicate lead institution: ___________________________

4. Is this a research project? □ No □ Yes

If yes, have you completed the Responsible Conduct of Research (RCR) training? □ No □ Yes

Please attach a copy of your RCR certificate to this application

5. Does this project involve human subjects? □ No □ Yes

If yes, describe status of project with IRB: ___________________________

            ___________________________

            ___________________________

            ___________________________
6. Will this project require existing and/or additional space on or off campus?

☐ No   ☐ Yes  if yes:  ☐ Existing   ☐ On-campus
☐ Additional   ☐ Off-campus

Please describe space needs and additions and/or renovations to be made:

7. Will this project involve the acquisition of computer hardware and/or software? ☐ No   ☐ Yes

If yes, please describe:

8. Will this project involve the acquisition of major equipment? ☐ No   ☐ Yes

If yes, please describe:

If you answer “yes” to questions 6, 7, or 8, approval from the Vice President for Finance and Administration is required on page 3 of this form.

9. Are you requesting salary support for yourself? ☐ No   ☐ Yes

If yes, select type and calculate where indicated below:

☐ Released Time:

____% (percent effort) x _________ (annual salary) = $ _____________ (A)

$ _____________ (A) x 0.51 (released time fringe rate) = $ _____________ (B)

Total value of released time requested (A + B) = $ _____________ (C)

10. Are you requesting other staff? ☐ No   ☐ Yes

If yes, please indicate: ______ (#) full-time ______ (#) part-time

If yes, will this staff member require new office space? ☐ No   ☐ Yes

If new office space is required, approval from the Vice President for Finance and Administration is required on page 3 of this form.
11. Indirect Costs: base: $ x rate: % = $  

Kingsborough’s federally approved indirect cost rate, effective 07/01/2019, is 52.30% of salary plus fringe for on-campus work, and 23.30% of salary plus fringe for off-campus work. Refer to funder guidelines for possible limits on indirect costs and preferred base.

If requesting less than the approved rate, please indicate the reason:

☐ Funder has placed a limit on the indirect cost recovery of ___% on __________
   Please attach portion of guidelines reflecting that limit to this form

☐ Matching funds are required and I am requesting that $_________ in indirect costs be used to meet this match
   Please attach portion of guidelines reflecting that requirement to this form

☐ This sponsor does not allow for payment of indirect costs
   Please attach portion of guidelines reflecting that requirement to this form and get presidential sign-off as indicated below

☐ Other reason
   Please attach a brief narrative justification for this request

12. Are matching funds required? ☐ No ☐ Yes

   If yes, please indicate allowable types: ☐ in-kind ☐ cash ☐ other

13. Is there any conflict of interest? ☐ No ☐ Yes

   If yes, please explain: ____________________________________________________________
   ____________________________________________________________

Please attach a brief abstract of the proposal along with a draft budget

__________________________________________________________

Signature of Principal Investigator/Program Director Date

__________________________________________________________

Signature of Supervisor Date

__________________________________________________________

Signature of Dean, Assistant VP, or Vice President Date

__________________________________________________________

Signature of Vice President for Finance and Administration Date

__________________________________________________________

Signature of President acknowledging waiver of indirect costs Date