NOTICE OF INTENT TO SUBMIT A GRANT APPLICATION

Use for grants with a PI/PD who is a member of the 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: ________________________________________

_______________________________________________

Kingsborough Community College Grants Manual
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 below.

9. Are you requesting salary support for yourself? □ No    □ Yes  
   If yes, select type and calculate where indicated below:
   □ Released Time:
   _____ hours of released time x $1,250 per hour = $_______________ (A)  
   $_______________ (A) x 0.51 (released time fringe rate) = $_______________ (B)  
   Total value of released time requested (A + B) = $_______________ (C)
   □ Summer Salary (for most grants, faculty may request up to 2 months of summer salary)
   Annual Salary: $_______________ ÷ 9 = $_______________ (D)  
   $_______________ (D) x _____ (number of months) = $_______________ (E)  
   $_______________ (E) x 0.28% (summer salary fringe rate) = $_______________ (F)  
   Total value of summer salary (E + F) = $_______________ (G)
   □ Research Leave: (length of leave) __________________________

10. Are you requesting a research assistant? □ No    □ Yes  
    If yes, please indicate: □ Undergraduate □ Graduate □ Other __________________________

11. 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.
12. **Indirect Costs:** base: $______ x rate: _____% = $____________________

Kingsborough’s federally approved indirect cost rate, effective 07/01/2015, 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*

13. **Are matching funds required?** ☐ No ☐ Yes

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

14. **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*

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