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

3. Are other institutions involved? □ No □ Yes

   If yes, 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 and financial disclosure form.

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 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)**

☐ Faculty 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

______________________________________________  __________
Signature of Principal Investigator/Program Director                    Date

______________________________________________  __________
Signature of Chair                                                Date

______________________________________________  __________
Signature of Provost                                             Date

______________________________________________  __________
Signature of Vice President for Finance and Administration     Date

______________________________________________  __________
Signature of President acknowledging waiver of indirect costs  Date

Kingsborough Community College Grants Manual