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 07/01/2015, is 50.30% 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 __________