**SUNY CANTON INTERNAL SIGNATURE SHEET**

**GRANT AND CONTRACT APPLICATIONS – RESEARCH & SPONSORED PROGRAMS**

**Please complete this form, attach proposal and return to The Office of Research and Sponsored Programs – MAC 602.**

**Section I: Proposal Information**

|  |
| --- |
| Proposal Type \_\_\_\_\_Grant \_\_\_\_\_New Sponsor Deadline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Contract \_\_\_\_\_Renewal \_\_\_\_\_Individual/Fellowship \_\_\_\_\_Continuation \_\_\_\_Postmark \_\_\_\_Receipt \_\_\_\_\_Pre-Proposal \_\_\_\_\_Supplement \_\_\_\_\_Subcontract \_\_\_\_\_ResubmissionProposed Activity \_\_\_\_\_Conference \_\_\_\_\_Public Service In-House Deadline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Research \_\_\_\_\_Instructional/Training (**Fourteen Working Days Prior To**  \_\_\_\_\_NYS/UUP **Sponsor Deadline)**  Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Date: From:\_\_\_\_/\_\_\_\_/\_\_\_\_ To:\_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Section II: Sponsor Information**

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| --- |
|  Sponsor Type Sponsor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Federal \_\_\_ForeignAddress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_State \_\_\_PrivateDivision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Non-Profit \_\_\_ OtherProgram:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Section III: Project Director/Co-Project Director(s) Information**

Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#: xxx-xx-\_\_\_\_

Co-Project Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#: xxx-xx-\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#: xxx-xx-\_\_\_\_\_

**Section IV: Salary & Percent of Effort for Participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, Rank, Phone, and Department** | **Reimbursed from grant to IFR** | **Not Reimbursed Unpaid/Paid Effort (Cost Sharing)** | **Direct Salary from Grant** |
| Project Director | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time\_\_\_%Extra Service\_\_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time\_\_\_%Unpaid/Paid Effort \_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Summer\_\_Calendar Year  (RF Employees) |
| Co-Project Director | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time\_\_\_%Extra Service\_\_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time\_\_\_%Unpaid/Paid Effort \_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Summer\_\_Calendar Year  (RF Employees)  |
| Faculty/Staff | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time \_\_\_%Extra Service\_\_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time\_\_\_%Unpaid/Paid Effort \_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Summer\_\_Calendar Year  (RF Employees) |

**Section IV: (Continued): - Salary & Percent of Effort Participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, Rank, Phone, and Department** | **Reimbursed from grant to IFR** | **Not Reimbursed Unpaid/Paid Effort (Cost Sharing)** | **Direct Salary from Grant** |
| Faculty/Staff | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time\_\_\_%Extra Service\_\_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time\_\_\_%Unpaid/Paid Effort \_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Summer\_\_Calendar Year  (RF Employees) |
| Faculty/Staff | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time\_\_\_%Extra Service\_\_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Release Time\_\_\_%Unpaid/Paid Effort \_\_%\_\_\_AY \_\_\_Sum \_\_\_CY | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Summer\_\_Calendar Year  (RF Employees) |

AY = Academic Year CY = Calendar Year Sum = Summer

**Section V: Summary Budget**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | TOTAL |
| **Sponsor** Direct Costs Indirect Costs TOTAL | $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| **Institutional Commitment**Actual In-kind Cash Direct Costs Indirect Costs TOTAL | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Non-Institutional Commitment**Actual In-kind TOTAL | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL PROJECT COSTS** | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |

**Section VI: Indirect Costs**

|  |  |
| --- | --- |
| Location of ProjectIndirect Cost Rate Used: Rate:\_\_\_\_\_\_\_ | \_\_\_On Campus \_\_\_\_Off Campus List Locations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Campus Rate \_\_\_Accounting Services\_\_\_Published Sponsor Rate\_\_\_Sponsor Negotiated Rate\_\_\_Approved Campus Waiver |

**Section VII: Space Requirements**

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| Is new, renovated or additional space needed \_\_\_YES \_\_\_NOIf YES – Specify Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Renovations required (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cost Estimate: $\_\_\_\_\_\_\_\_\_\_\_ Approval Pending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved By: Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director of Facilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section VIII: Research Compliance Assurances**

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| --- |
| Does the proposed activity involve any of the following? Not Applicable \_\_\_\_\_ If YES, please indicate below. All questions regarding these assurances should be directed to the Office of Sponsored Research at 386-7951 or 386-7686. |
| 1. Human Subjects
 | \_\_YES\_\_NO | ⇨ COPHS #\_\_\_\_\_\_ | Approval Date:\_\_\_\_\_\_\_ |
| 1. Vertebrate Animals
 | \_\_YES\_\_NO | ⇨ IACUC #\_\_\_\_\_\_\_ | Approval Date:\_\_\_\_\_\_\_ |
| 1. Controlled Substances
 | \_\_YES\_\_NO | ⇨ Chemical Hygiene  Committee #\_\_\_\_\_  | Approval Date:\_\_\_\_\_\_\_ |
| 1. Biologically/Chemically Hazardous Materials
 | \_\_YES\_\_NO | ⇨ Chemical Hygiene  Committee #\_\_\_\_\_ | Approval Date:\_\_\_\_\_\_\_ |
| 1. Recombinant DNA
 | \_\_YES\_\_NO | ⇨ Chemical Hygiene  Committee #\_\_\_\_\_ | Approval Date:\_\_\_\_\_\_\_ |

**Section IX: Proposed Research Activity Information**

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| Does the proposed activity involve any of the following? If YES, please provide the additional information requested. Questions should be directed to the Office of Sponsored Research at 386-7951 or 386-7686. |
| 1. Proprietary information or inventions that have not been disclosed.
 | \_\_YES ⇨ Contact Office of Sponsored Research.\_\_NO |
| 1. Involvement of personnel or facilities that are not SUNY Canton.
 | \_\_YES ⇨ Include approvals from collaborating \_\_NO Institutions.  |
| 1. Sub-awards to other institutions and/or organizations.
 | \_\_YES ⇨ Written commitments must be \_\_NO included. |

**Section X: \_\_\_\_\_\_\_ Have read and agreed to Policy on Conflicts of Interests (attach document)**

**Section XI: APPROVALS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Director Date Chair/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Project Director Date Chair/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Staff Member Date Chair/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Dean Date V.P. for Academic Affairs Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Budget Date Director of Environmental Health & Safety Date

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Director of Capital Projects/Construction Management Date

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Director of Academic Computing Services/IT Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President for Administrative Services or Appropriate Vice President Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Date

**PLEASE ATTACH THE COMPLETED PROPOSAL**