

- ☐ Letter of Intent
☐ Pre-Proposal
☐ New Proposal

For OGSP Use Only

Grant Proposal Information Form - Attachment #1

I. PRINCIPAL INVESTIGATOR/CO-PI INFORMATION:

PI Name: _____ Tenured: ☐ Yes ☐ No

Department: _____ Phone: _____

Co-PI Name: _____ Tenured: ☐ Yes ☐ No

Department: _____ Phone: _____

II. FUNDING SOURCE

Sponsor Name: _____

Sponsor Funding Opportunity Title: _____

Proposal Due Date: _____ Project Period (Start Date): _____ (End Date): _____

III. PROJECT INFORMATION

Proposal Title: _____

Total Budget Request: \$ _____

Sponsor Match Required? ☐ Yes ☐ No Match Amount: \$ _____

Sponsor Indirect Rate: _____% Voluntary Cost Sharing Proposed: \$ _____

IV. PARTNERSHIPS/COLLABORATIONS

- a. Will Queensborough Community College serve as the lead institution? ☐ Yes ☐ No

If No, name of lead institution? _____

- b. Will Queensborough Community College subcontract to another institution? ☐ Yes ☐ No

If Yes, name of institution? _____

- c. Will the project involve any other partnerships or collaborations? ☐ Yes ☐ No Please list partners and describe the nature of the collaborations. Partners will include:

V. USE OF GRANT FUNDING

- 1) Do you plan to request Release-Time from teaching to be paid from this grant? ☐ Yes ☐ No

You must use QCC's *Release Time Request Form* - Attachment #3 to obtain written approval from both your department chairperson and the Vice President for Academic Affairs for all faculty requests for release time from teaching.

2) Do you plan to request Summer Salary to be paid from this grant funding? ☐ Yes ☐ No

3) Do you plan to purchase Computer Hardware/Software with this grant funding? ☐ Yes ☐ No

If planning to purchase and/or install any computer equipment, peripherals or software for office use, you must consult with QCC's Executive Director of the Office of Informational Technology and complete the College's *Computer/Software Acknowledgement Form*.

3.a. Where will the computer hardware be located?

4) Do you plan to purchase and install Equipment with this grant funding? ☐ Yes ☐ No

If you are planning to install any equipment, such as copiers or printers, you must consult with the Office of the Vice President for Finance and Administration to ensure that installation, operational and space issues are considered. If purchasing equipment, complete *Renovations/Space Acknowledgement Form*.

4.a Where will the equipment be located?

5) Are any renovations or additional space requirements needed for the grant project? ☐ Yes ☐ No

5.a Please describe the renovations required. Indicate the location on campus of planned renovations.

6) Will your project involve student scholarships/fellowships/stipends or other payments to students?

☐ Yes ☐ No

If your project involves payment to students (other than employment), a Student Eligibility Criteria Form must be completed. I (PI) understand the Student Eligibility Criteria Form must be completed, reviewed, and approved by the Office of Student Affairs, Office of Financial Aid, and Office of Grants/Sponsored Programs before a student participates in any program activities sponsored by this grant. See QCC [Policies and Procedures](#). Initial: _____

7) Will your proposed project involve Human Subjects? ☐ Yes ☐ No

I understand that if my project includes the use of human subjects, I am required to contact QCC's Human Research Protection Program Coordinator (HRPP), Dr. Linda Reesman, at (718) 631-6690 to determine if Institutional Review Board (IRB) approval is required. See CUNY [Researcher Handbook](#). Initial: _____

8) Will your proposed project involve Animal Subjects? ☐ Yes ☐ No

I understand that if my project includes the use of animal subjects, I am required to contact Dr. Linda Reesman, Assistant Dean for Operations, at (718) 631-6690 to determine if Institutional Animal Care and Use Committee (IACUC) approval is required before any related project expenditures are incurred. See CUNY [Researcher Handbook](#). Initial: _____

9) Will your proposed project involve contact, in any capacity, use of, or access to Biozards? ☐ Yes ☐ No

I am aware that researchers who engage in activities involving infectious agents, other hazardous agents (e.g. carcinogens), radioactive materials, or transgenic animals are required to contact their respective college's research administration office to obtain information on college-level oversight of such activities. See CUNY [Researcher Handbook](#). Initial: _____

10) Do you have any potential or actual Conflict of Interest with the proposed project? ☐ Yes ☐ No

If yes, please explain below. See CUNY's Conflict of Interest Policy.

11) Are any faculty member(s) named in the proposal planning or scheduled to take any type of leave (sabbatical or other) that would preclude them from fulfilling any responsibilities to the grant project? ☐ Yes ☐ No

| Name of faculty | Dates | Type of Leave |
|-----------------|-------|---------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

VI. ACKNOWLEDGEMENT OF PROPOSAL DEVELOPMENT AND SUBMISSION - Signatures

Principal Investigator: _____ Date: _____

Department Chair/Supervisor: _____ Date: _____

Co-Principal Investigator: _____ Date: _____

Department Chair/Supervisor: _____ Date: _____

*The completed form should be submitted to the QCC Office of Grants/Sponsored Programs as early as possible in the proposal/ application development stage and **at least 4 weeks before deadline**. I understand that if this form is handed in after the 4 week deadline, my proposal may not be approved for submission.*

Initial: _____

Email completed forms with attachments to: GrantsSponsoredPrograms@qcc.cuny.edu

VII. OFFICE OF GRANTS/SPONSORED PROGRAMS - Signature

Development Grants Director: _____ Date: _____

Reviewed by Cabinet on: _____

VIII. CABINET REVIEW COMPLETED - Signatures

Divisional Vice President: _____ Date: _____

Vice President for Grants/Sponsored Programs: _____ Date: _____

IX. ATTACH A DETAILED BUDGET

X. ATTACH A BRIEF ABSTRACT

Comments: