**HOSTOS COMMUNITY COLLEGE**

**OFFICE OF GRANTS & RESEARCH ADMINISTRATION**

**Internal Approval Cover Sheet for Grant Proposals**

Principal Investigator Department

Project Title

Submission Deadline Funding Agency Project Period

Total Direct Costs Total F&A (Indirect Costs) Cost Share Amount Total Project Budget

$0.00

Indirect Cost Rate Fiscal Agent

Institutional Adv.

RF

Other:

\_

Proposed Effort on Project: Year 1: % Year 2: % Year 3: % Year 4: % Year 5: %

Reassigned time? Yes  No  If Yes: How many hours? \_\_\_\_ Minimum Amt required $6K -if grant allows (before fringes)

PROPOSAL REQUIREMENTS:

Is HCC Prime? Yes  No If no, name of institution:

**Will HCC subcontract**

**Partnerships/Collaborations Human Subjects Laboratory Animals Equipment**

Cost Share

Conflict of Interest Form

Yes Yes Yes Yes Yes Yes

Yes

No If yes, name of institution:

No If yes, name of institution:

No If yes, date of IRB Approval: No If yes, date of IACUC Approval

No If yes, do you plan to install with this funding

No If yes, source of cost share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Responsible Conduct of Research (RCR) On-line Training Requirement completed:

<https://www.hostos.cuny.edu/Administrative-Offices/Office-of-Academic-Affairs/Information,-Policies,-and-Guidelines/Grants/Responsible-Conduct-in-Research-IRB-and-Other-Comp>

Yes No If no, I will complete the training within 30 days of the date below. I

understand that failure to complete the training requirements in the allotted time may result in the college withdrawing my application.

Initials

Endorsements and Signatures:

I certify that this proposal is consistent with College goals, and components incorporated in the proposal project reflect an accurate and acceptable contribution to the project.

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Principal Investigator/Project Director Date Department Chair Date

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Associate Director, OAA Date Senior Vice President Date

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Provost Date President Date

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Administrative Asst., OGRA Date Director, OGRA Date