

**Hostos Community College
Office of Grants & Research Administration**

Proposal Routing Form

PRINCIPAL INVESTIGATOR (PI) INFORMATION

1) PI NAME	
DEPARTMENT	
PHONE NUMBER	

1) PI NAME	
DEPARTMENT	
PHONE NUMBER	

PROPOSAL INFORMATION

TITLE	
Link to RFP:	

SPONSOR	
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SPONSOR-SPECIFIC REQUIREMENTS FOR MANAGING OUTCOMES RESULTING FROM SPONSORED PROGRAMS	OPEN/PUBLIC ACCESS MANDATE*		
	ATTRIBUTION LICENSE REQUIREMENT	PUBLIC ARCHIVING REQUIREMENT	Acknowledgement
	Check all that apply:		
<input type="checkbox"/> CREATIVE COMMONS LICENSE <input type="checkbox"/> OTHER SPECIFY: _____	<input type="checkbox"/> PUBMED CENTRAL <input type="checkbox"/> NSF-PAR <input type="checkbox"/> DOE-PAGES <input type="checkbox"/> DOT-NTL <input type="checkbox"/> DOD-DTIS <input type="checkbox"/> CUNY ACADEMIC WORKS <input type="checkbox"/> OTHER SPECIFY: _____	<input checked="" type="radio"/> The undersigned acknowledge(s) responsibility on behalf of RFCUNY and/or CUNY to submit work resulting from the grant to the funder's designated repository in accordance with the funder's public access policy, and agree(s) to comply with such policy requirements. <input type="radio"/> The undersigned acknowledge(s) responsibility on behalf of RFCUNY and/or CUNY to release work resulting from the grant to the public with a license that provides permissions to reuse and distribution of the work in accordance with the funder's open access policy, and agree(s) to comply with such policy requirements. <input type="checkbox"/> OTHER SPECIFY: _____	

*Public access applies to federally-funded research products. See, e.g., re NIH-funded projects:

http://publicaccess.nih.gov/determine_applicability.htm

*Open access applies to privately-funded products. See, e.g., re The Bill & Melinda Gates Foundation grants:

<http://www.gatesfoundation.org/How-We-Work/General-Information/Open-Access-Policy>

PROJECT DATES	START DATE:		END DATE:	
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Does your project involve any of the following?	<input type="checkbox"/> Human Subjects <small>*Submit HRRP approval if applicable</small>	<input type="checkbox"/> Animals	<input type="checkbox"/> Additional Space	<input type="checkbox"/> Renovations
	<input type="checkbox"/> Institutionalization <small>Will the college assume project cost?</small>			
	<input type="checkbox"/> N/A			

METHOD OF FUNDING	<input type="checkbox"/> GRANT	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SUBCONTRACT	<input type="checkbox"/> COOPERATIVE AGREEMENT
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BUDGET INFORMATION ** Please be sure to attach the budget.		YEAR 1		CUMMULATIVE
	TOTAL DIRECT COSTS			
	INDIRECT COSTS			
	TOTAL PROJECT COSTS			

	EFFORT		SUMMER SALARY
	Academic Year Effort (percentage)	Academic Semester Effort (percentage)	MONTH(S) OF SUMMER SALARY ALLOCATED TO THIS PROJECT
FACULTY MEMBER NAME (PI)			
OTHER FACULTY MEMBER			

COST SHARING AMOUNT		MATCHING FUNDS REQUIRED	
SOURCE of COST-SHARE			

COMPLIANCE

Have you submitted the following documents with this Proposal Routing Form? Yes No

- ✓ 1. Conflict of Interest Disclosure (COI) PHS OR Non-PHS Form

*COI PHS Forms=Federal/Non-PHS=Private or Internal

- *2. Responsible Conduct of Research, Conflict of Interest certificates (online CITI training requirements) AND

- *3. Export Control Questionnaire

If your response is "No" to the above, your proposal will be withdrawn if these documents are not received within 30 days of the below date

⊙ PRINCIPAL INVESTIGATOR CERTIFICATION:

Principal Investigator _____

As Principal Investigator, I certify that the information provided in this routing form is accurate.

⊙ DEPARTMENT CHAIR/DEAN APPROVAL:

Department Chair/Dean _____

As Department Chair/Dean, I certify that this proposal is consistent with department and institutional goals; is not in conflict with assigned duties of the principal investigator; and commits departmental resources as outlined in proposal