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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name** | |  | | | | | | **Today’s Date** | | **Click here to enter a date.** | | | **Deadline Date** | | **Click here to enter a date.** | | |
| **Title** | |  | | | | | | | | | | | | | | | |
| **Department** | | | |  | | | | | | | | | **Phone** | |  | | |
| **Title of Project** | | | |  | | | | | | | | **Amount Requested**  (*please complete/attach* [*budget*](https://barnard.edu/sites/default/files/budget_template_02.2016.xls)) | | | | $ | |
| **Funding Agency** | | | |  | | | | | | | **Funding Opportunity #/**  **Name** (*if applicable*) | | |  | | | |
| **Project Start Date** | | | | **Click here to enter a date.** | | | | | | | **Project End Date** | | | **Click here to enter a date.** | | | |
| **Proposal Type** (*check one*) | | | | | | | | If this is a collaborative or “other” proposal, please provide details below:  *Note: the Fellowship Routing Form should be used for fellowship applications.* | | | | | | | | | |
| Preliminary Proposal (LOI) | | | | | |  | |
| New Proposal | | | | | |  | |
| Renewal | | | | | |  | |
| Collaborative/Other | | | | | |  | |
| **Does the proposal include subcontracts**? | | | | | Yes | If yes, list all institution(s): | | | | | | | | | | | No |
| **Is full indirect cost recovered?**  *(64.9% of salaries and wages as of 7/1/15)* | | | | | |  | Yes | | | | | | | | | | |
|  | No, sponsor guidelines limit indirect to (*enter percent and attach guidelines*): | | | | | | | | | | |
|  | No, sponsor guidelines do not allow indirect costs *(attach guidelines)* | | | | | | | | | | |
| **Is cost share/match required?** | | | | | | | Yes | | Amount & approved account#: | | | | | | | | No |
| **YES** | **NO** | |  | | | | | | | | | | | | | | |
|  |  | | Is this a federal grant application? If so, please review the Financial Conflict of Interest (FCOI) [policy](http://barnard.edu/sites/default/files/financial_conflict_of_interest_policy_and_annual_disclosure_form_grant_draft_0.doc) and complete the [FCOI report form](http://barnard.edu/sites/default/files/barnard_college_financial_interest_report_for_federal_research_grants_1.doc). *Please attach completed form*. | | | | | | | | | | | | | | |
|  |  | | Does your project engage students or postdocs in research? If so, please acknowledge that you have viewed Barnard’s [Responsible Conduct of Research (RCR) Policy](http://barnard.edu/sites/default/files/rcr_policy.docx) and will comply with all relevant requirements. | | | | | | | | | | | | | | |
|  |  | | Are you seeking PHS/NIH or NSF funding? If yes, please acknowledge that you have reviewed and will comply with Barnard’s policy on [Scientific Misconduct Allegations, Investigations and Reporting](http://barnard.edu/provost/institutional-policies/scientific-misconduct). | | | | | | | | | | | | | | |
|  |  | | Does the project involve human subjects? If yes, please contact the Barnard [IRB](http://barnard.edu/provost/research-professional-development/irb). | | | | | | | | | | | | | | |
|  |  | | Does the project involve animals? If yes, see information [here](http://barnard.edu/node/13047) about how to contact the Columbia IACUC. | | | | | | | | | | | | | | |
|  |  | | Will any of the research or training be conducted off campus? If yes, please indicate where: | | | | | | | | | | | | | | |
|  |  | | Will you be purchasing services/goods > $500? If yes, please review Barnard’s [Guide to Contracting](http://barnard.edu/contract-management/guide). | | | | | | | | | | | | | | |
|  |  | | Are you conducting life sciences research? If yes, please review Barnard’s policy on [Dual Use Research of Concern](http://barnard.edu/sites/default/files/barnard_college_durc_policy.docx). | | | | | | | | | | | | | | |
| If you answer **YES** to any of the following questions, **please provide department chair approval via letter or e-mail**: | | | | | | | | | | | | | | | | | |
|  |  | | Is additional equipment required for the project? | | | | | | | | | | | | | | |
|  |  | | Will additional or renovated office space or facilities be required now or in the future? | | | | | | | | | | | | | | |
|  |  | | Is course release or leave requested? | | | | | | | | | | | | | | |
|  |  | | Will new or additional personnel be hired under this grant? | | | | | | | | | | | | | | |

*Please print, sign (electronic signature is sufficient) and submit via* [*e-mail*](mailto:cajohnso@barnard.edu) *or hard copy to Sponsored Research with the project summary (full proposal draft, if available), budget and budget justification, as relevant, and FCOI form and chair approval.*

Principal Investigator Date

Director or Manager, Sponsored Research Date

Linda A. Bell Date

Provost and Dean of Faculty