



NOTICE OF INTENT TO SUBMIT A GRANT APPLICATION

Use for grants with a PI/PD who is a member of the non-instructional staff

Complete this form as fully as possible and submit this form to College Advancement (M243) at least twelve working days in advance of submitting a proposal.

Make sure all approvals are in place.

Primary Investigator/Project Director: _____ Today's Date: _____

Department: _____ Extension: _____

Date Due: _____ Sponsor: _____

Program Announcement # or URL: _____

CFDA (federal grants only) # _____

Proposed Project Title: _____

1. Is this a federal grant? No Yes

2. If a non-federal grant, is online submission required? No Yes

If yes, do you currently have access to the online submission interface? No Yes

3. Are other institutions involved? No Yes

If yes: a. Please list other institutions involved: _____

b. Is Kingsborough the lead? No Yes

If no, indicate lead institution: _____

4. Is this a research project? No Yes

If yes, have you completed the Responsible Conduct of Research (RCR) training? No Yes

Please attach a copy of your RCR certificate to this application

5. Does this project involve human subjects? No Yes

If yes, describe status of project with IRB: _____

6. Will this project require existing and/or additional space on or off campus?

- No Yes if yes: Existing On-campus
 Additional Off-campus

Please describe space needs and additions and/or renovations to be made: _____

7. Will this project involve the acquisition of computer hardware and/or software? No Yes

If yes, please describe: _____

8. Will this project involve the acquisition of major equipment? No Yes

If yes, please describe: _____

If you answer “yes” to questions 6, 7, or 8, approval from the Vice President for Finance and Administration is required on page 3 of this form.

9. Are you requesting salary support for yourself? No Yes

If yes, select type and calculate where indicated below:

Released Time:

_____ % (percent effort) x _____ (annual salary) = \$ _____ (A)

\$ _____ (A) x 0.51 (released time fringe rate) = \$ _____ (B)

Total value of released time requested (A + B) = \$ _____ (C)

10. Are you requesting other staff? No Yes

If yes, please indicate: _____ (#) full-time _____ (#) part-time

If yes, will this staff member require new office space? No Yes

If new office space is required, approval from the Vice President for Finance and Administration is required on page 3 of this form.

11. Indirect Costs: base: \$ _____ x rate: _____ % = \$ _____

Kingsborough's federally approved indirect cost rate, effective 07/01/2015, is 50.30% of salary plus fringe for on-campus work, and 23.30% of salary plus fringe for off-campus work. Refer to funder guidelines for possible limits on indirect costs and preferred base.

If requesting less than the approved rate, please indicate the reason:

Funder has placed a limit on the indirect cost recovery of ___% on _____

Please attach portion of guidelines reflecting that limit to this form

Matching funds are required and I am requesting that \$ _____ in indirect costs be used to meet this match

Please attach portion of guidelines reflecting that requirement to this form

This sponsor does not allow for payment of indirect costs

Please attach portion of guidelines reflecting that requirement to this form and get presidential sign-off as indicated below

Other reason

Please attach a brief narrative justification for this request

12. Are matching funds required? No Yes

If yes, please indicate allowable types: in-kind cash other

13. Is there any conflict of interest? No Yes

If yes, please explain: _____

Please attach a brief abstract of the proposal along with a draft budget

Signature of Principal Investigator/Program Director Date

Signature of Supervisor Date

Signature of Dean, Assistant VP, or Vice President Date

Signature of Vice President for Finance and Administration Date

Signature of President acknowledging waiver of indirect costs Date