

# HUNTER COLLEGE PROPOSAL ROUTING FORM

OFFICE OF RESEARCH ADMINISTRATION  
 695 PARK AVENUE, ROOM E1424  
 NEW YORK, NY 10065  
 PHONE (212) 772-4020 ♦ FAX (212) 772-4941  
<http://research.hunter.cuny.edu>

**INSTRUCTIONS:** *This form must be reviewed and completed in its entirety. This form must be completed by the Principal Investigator before the grant can be submitted. Research Administration is not authorized to process your application without approval of the Department Chair and Divisional Dean. Please bear in mind that some grants will require additional clearance policy approval. Refer to the Hunter College Fundraising Policies for Faculty Cultivation and Solicitation of Grants and Gifts memo of December 10, 2007 for more information. You must attach a project description or abstract and a draft budget to this document.*

PLEASE TYPE OR PRINT LEGIBLY

## PRINCIPAL INVESTIGATOR (PI) INFORMATION

1) PI NAME		2) PI NAME	
DEPARTMENT		DEPARTMENT	
PHONE NUMBER		PHONE NUMBER	

## PROPOSAL INFORMATION

TITLE	

**SPONSOR** - \*\* You must include proof of clearance, if this proposal is to private individuals, corporations or foundations.

PROJECT DATES	START DATE:		END DATE:	
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PURPOSE	<input type="checkbox"/> RESEARCH	<input type="checkbox"/> TRAINING	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> INSTRUCTION
	<input type="checkbox"/> PROGRAM DEVELOPMENT	<input type="checkbox"/> CONFERENCE	<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> OTHER

MECHANISM	<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		ALL YEARS
	TOTAL DIRECT COSTS			
	INDIRECT COSTS			
	TOTAL PROJECT COSTS			

WILL YOUR PROJECT INCLUDE ANY OF THE FOLLOWING?	<input type="checkbox"/> HUMAN SUBJECTS	<input type="checkbox"/> ANIMALS	<input type="checkbox"/> BIOHAZARDS	<input type="checkbox"/> TUITION & FEES	<input type="checkbox"/> SUBCONTRACTS
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	RELEASED TIME		SUMMER SALARY
	NUMBER OF COURSE REDUCTIONS FALL SEMESTER OR PERCENTAGE OF EFFORT	NUMBER OF COURSE REDUCTIONS SPRING SEMESTER OR PERCENTAGE OF EFFORT	MONTH(S) OF SUMMER SALARY ALLOCATED TO THIS PROJECT
FACULTY MEMBER NAME (PI)			
OTHER FACULTY MEMBER  name			

CONFLICT OF INTEREST (COI) AND RESPONSIBLE CONDUCT OF RESEARCH (RCR) REQUIREMENTS			
Have you and the Co-PI (if applicable) completed the CITI Responsible Conduct of Research (RCR) Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF COMPLETION	Have you and the Co-PI (if applicable) completed the CITI Conflict of Interest (COI) Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF COMPLETION
<p>You must attach RCR and COI certifications AND a CUNY Significant Financial Interest Disclosure Form.</p> <p>For more details about the RCR and COI requirements and training please refer to: <a href="http://research.hunter.cuny.edu/research_compliance.htm">http://research.hunter.cuny.edu/research_compliance.htm</a></p>			

COST SHARING AMOUNT		TYPE OF COST SHARING	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MANDATORY <input type="checkbox"/> UNIVERSITY RESEARCH
SOURCE OF COST SHARING	<input type="checkbox"/> COLLEGE TAX LEVY <input type="checkbox"/> 3 <sup>RD</sup> PARTY	RF ACCOUNT NUMBER: _____	<input type="checkbox"/> UNRECOVERED INDIRECT COSTS

⊙ **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**

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

\_\_\_\_\_  
**Dean**

As Dean, I certify that this proposal is consistent with College goals, commits college resources as outlined in the proposal.

⊙ **CENTER CERTIFICATION (IF APPLICABLE):**

(i.e., Brookdale Center on Healthy Aging and Longevity, Centro de Estudios Puertorriquenos, etc.)

\_\_\_\_\_  
**Center Director**

As Center Director, I certify that this proposal is consistent with Center goals; is not in conflict with assigned duties of the principal investigator; and commits center resources as outlined in proposal.