



GRANT PROPOSAL
PRE-PROPOSAL CLEARANCE (FORM A)

Date: _____ Sponsoring NYC Department: _____

Project Initiator: _____ Phone # _____

Title of Project: _____ Funding Sponsor(s): _____
(Include CFDA # or other identifier if applicable)

Purpose: _____

Grant Period: _____ to _____ Due Date: _____ Date to Start Approval Process: _____

Proposal is for: [] new funding [] renewal funding Estimated Amount Requested: \$ _____

Estimated NYC Cost Share? \$ _____ Estimated Third Party Match? \$ _____

NYC financial obligation at end of grant period: \$ _____ Estimated Indirect Costs to NYC _____
% or dollar amount

Explain: _____

(Staff, maintenance, materials, space, etc)

Please supply an explanation for "Yes" answers in the space provided below. * "Yes" responses require VP signature.

- 1. [] Yes [] No Will full-time faculty/staff be employed under this grant?
2. [] Yes [] No Will this grant require release time for present faculty/staff?
3. [] Yes [] No Will additional faculty/staff be hired under this grant?
4. [] Yes [] No Are any classrooms, offices, college owned equipment, or laboratories being committed under this grant?
5. [] Yes [] No Will the college acquire equipment under this grant? Describe.
6. [] Yes [] No Will grant activities require installation expenses and/or maintenance contracts?
7. [] Yes [] No Will this project be undertaken with other institutions? Which?*

[] Certification of receipt and understanding of PHS-FCOI Regulation and NYC FCOI Policy by all Investigators

[] Agreement to complete FCOI Training and Disclosure Forms prior to submission of application by all Investigators

SIGNATURES: The undersigned seek or endorse the development of this proposal

PROJECT DIRECTOR (PD) or PRINCIPAL INVESTIGATOR (PI) Signature DATE

DEPARTMENT CHAIR/SUPERVISOR Signature DATE

APPROPRIATE DEAN Signature DATE

*VICE PRESIDENT Signature DATE