

PI College Dept Includes Cost-Share
(If so, see page 5)

Proposal Title

Start Date End Date Deadline Date or Open Deadline

Submission Type New Award Supplement Pre-proposal Revised PRF*
*Original SRS Prop # - rapid.rit.edu

Activity Type Organized Research Instruction Other Sponsored Activity

Sponsor Prime Sponsor

Prog Name Prog # CFDA #

Other Organizations (Subrecipients and Third Party Cost-Shares)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other RIT Personnel (Attach the PRF Personnel Supplement if additional space is needed)

Role	Name	College	Department
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Public Abstract A non-confidential, non-technical description of the the work to be conducted at RIT. Available to the RIT community. (Limit of 1000 Characters)

Policy & Procedure Items

SCREENING - If you answer yes to any of the questions, please use the Additional Comments section below to provide a brief explanation

Yes No

- R1. Proposed activities require Additional Space, Additional Resources, and/or Equipment Installation
- R2. Proposed activities require Construction or Renovation
- R3. Proprietary information is contained in the proposal
- R4. Are you aware of any publication restrictions on this project?
- R5. If your proposal requires a data management plan, would you like assistance?

Budget

Yes No

- B1. The Principal Investigator designates that the proposed project's activities occur under following Research Centers (Select no more than two) [More](#)
- B2. Sponsor requires Limitation of Indirect Costs (If Yes, please describe the restriction in the Additional Comments Section below)
- B3. Sponsor requires Cost-Sharing (If Yes, please describe the restriction in the Additional Comments Section below)
- B4. Is this project and its activities being led and conducted by an Enterprise Center? (If Yes, please select the center from the list below)

Compliance

Yes No

NOTE: If you answer yes to any of these questions, please use the Additional Comments Section below to provide a brief explanation

- C1. Is there any potential conflict of interest (see [RIT policy C04.0](#)), Financial Conflict of Interest ([NIH definition](#)), or an immediate family or relative relationship (see [RIT Nepotism Policy E01.2](#)) involving the PI, Co-PI, project personnel, vendors, contractors, or subawardees associated in any way with the conduct of the project or budget proposed? [More](#)
-Additionally, if this proposal involves PHS funding, PIs and Co-PIs must update the RIT COI prior to submission
- C2. Project will store, process, or transmit protected data (Protected Data - [More](#)) / Information Security - [More](#)
- C3. Project involves Human Subjects Research [More](#)
- C4. Project involves the use of Laboratory Animals
- C5. Project involves potential Biosafety issues, including the use or production of Biohazards, Pathogens, Select Agents, Recombinant DNA, or Genetically Modified Organisms. [More](#)
- C6. Project involves Hazardous Chemicals / Controlled Substances
- C7. Project involves Ionizing Radiation, Radioactive Isotopes (Radiation Safety Committee)
- C8. Project involves the use of Lasers (Laser Safety Committee)

Subrecipient(s) - Organizations that will receive a grant or contract from RIT stemming from an award

Yes No

- S1. Does the proposal have one or more subrecipients? If YES, for each subrecipient organization you must attach a Statement of Work (SOW) for the routing of the PRF. A final SOW, detailed budget, budget justification, and a signed Subrecipient Commitment Form with all its required attachments must be received by SRS prior to receiving VPR approval on the PRF. <http://www.rit.edu/research/srs/formsagreements> [More](#)

Additional Comments

RIT EXPORT CONTROL PROJECT CHECKLIST

INVESTIGATOR FORM

Please complete and sign the checklist below. If any of the requested information is not known at this time, Sponsored Research Services will request the missing information in the event of an award.

Please be advised that **an account will not be released, and work may NOT begin on a project, until the Office of Legal Affairs has received a completed Export Control Checklist and made a determination on the Export Control status of the project.**

Principal Investigators must immediately notify the Office of Compliance and Ethics of any changes to the information provided below.

PI Lead Dept

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Yes No

1. If research is funded by an outside sponsor, check "No". Otherwise, does the PI or RIT intend to withhold the research results for proprietary reasons and/or not share the research results in the scientific community?

2. Does the project involve equipment, technology, data or services necessary to conduct the research that you have previously received, expect to receive or intend to request access to, from a sponsor or research partner. If "Yes", please describe the technology below

3. Does the project involve equipment, technology, data or services developed by RIT as part of a previous sponsored research project. If yes, check all that apply and enter the SRS# below:

- Involves WASP Technology
- Utilizes III-V Compounds
- Operates under a finalized and signed Technology Control Plan
- Involves the Metal Organic Vapor Phase Epitaxy (MOVPE) system
- Other Details:

SRS#

rapid.rit.edu

4. If accepting equipment, technology, data or services as part of a project, is the information / article labeled or identified as "export controlled" by the sponsor?

5. Does the project or research utilize source code for encrypted software (other than publicly available software distributed at no charge)?

6. Has the external sponsor, vendor, collaborator, or third party requested that you sign a non-disclosure agreement or other confidentiality agreement as part of this project?

7. Does the project or research utilize information or software that could be used in development, production stockpiling, or use of nuclear explosive devices, chemical or biological weapons, weapons of mass destruction, maritime nuclear propulsion end use of missiles?

8. As part of this research project, do you anticipate travel to, or performance of, the project at sites located outside of the U.S.? If so, list all countries.

PI Signature

X

Date

Budget

Performance Location	Indirect Cost Base	University IDC Rate	Applied IDC Rate	IDC Underrecovery
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Direct Costs	Indirect Costs	Total Costs	Special Distribution of College IDC	
				College	Percent
Sponsor Request	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost-Sharing (from page 5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Approval & Commitment Signatures

Sponsors require that a principal investigator be responsible for the award's programmatic and financial outcomes. In the event this award is funded, the project will be set-up in the Oracle financial system in a department under the control of the PI within the appropriate Department/College/Division . By signing this document, you are delegating signatory authority to the principal investigator to approve documents in order to initiate a transaction which constitutes a commitment between the University and a non-University party. This delegation is up to the University's standard limit for principal investigators which is currently \$10,000.

MY SIGNATURE BELOW ATTESTS THAT **1) I have Reviewed** the attached Proposal and **Approved** it for Submission to the Sponsor; **2) I agree to Commit the Resources** described within for which I am responsible; **3) I agree to Comply** with all applicable RIT, Government, and Sponsor Policies in the conduct of this project; **4) I agree to Perform** the Responsibilities pertinent to my role on this project; and **5) As PI, I Attest** that the responses to the PRF questions on Page 2 and the statements made in all proposal components and documents submitted to the sponsor are true, complete, and accurate to the best of my knowledge.

PI/Co-PI/Sr Person	Dept Head/Director	Dean
X Date	X Date	X Date
X Date	X Date	X Date
X Date	X Date	X Date
X Date	X Date	X Date
X Date	X Date	X Date
X Date	X Date	X Date
X Date	X Date	X Date
X Date	X Date	X Date
X Date	X Date	X Date

This form is required if the project includes Cost-Sharing. It must be accompanied by the Proposal Budget and pages 1-3 of the Proposal Routing Form for Cost-Sharing approvals. Attach the PRF Cost-Sharing Approval Supplement if additional space is needed.

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Sponsor Request	Direct Costs	Indirect Costs	Total Costs	Appl IDC Rate	IDC Underrecovery
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tuition Remission for Master's Students (only when required by Sponsor)

Academic Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Approver Signature & Date
Number of Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	X
Amount Requested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Print Name <input type="text"/>
Comments	<input type="text"/>				Total Costs	<input type="text"/>
					Title	Financial Aid & Scholarships

Cost-Share Source 1

Cost-Share Type	<input type="text"/>	Source Type	<input type="text"/>	Source Name	<input type="text"/>
Purpose, Amounts & Rationale	<input type="text"/>				Approver Signature & Date (not required for Third Parties)
					X
					Name <input type="text"/>
<input type="checkbox"/> Cash	Direct Costs	Indirect Costs	Total Costs	Title <input type="text"/>	
<input type="checkbox"/> In-Kind	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Cost-Share Source 2

Cost-Share Type	<input type="text"/>	Source Type	<input type="text"/>	Source Name	<input type="text"/>
Purpose, Amounts & Rationale	<input type="text"/>				Approver Signature & Date (not required for Third Parties)
					X
					Name <input type="text"/>
<input type="checkbox"/> Cash	Direct Costs	Indirect Costs	Total Costs	Title <input type="text"/>	
<input type="checkbox"/> In-Kind	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Cost-Share Source 3

Cost-Share Type	<input type="text"/>	Source Type	<input type="text"/>	Source Name	<input type="text"/>
Purpose, Amounts & Rationale	<input type="text"/>				Approver Signature & Date (not required for Third Parties)
					X
					Name <input type="text"/>
<input type="checkbox"/> Cash	Direct Costs	Indirect Costs	Total Costs	Title <input type="text"/>	
<input type="checkbox"/> In-Kind	<input type="text"/>	<input type="text"/>	<input type="text"/>		

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Cost-Share Source 4	Cost-Share Type <input type="text"/>	Source Type <input type="text"/>	Source Name <input type="text"/>
Purpose, Amounts & Rationale <input style="width:100%; height: 50px;" type="text"/>			Approver Signature & Date (not required for Third Parties) X <input style="width:100%; height: 20px;" type="text"/>
<input type="checkbox"/> Cash	Direct Costs <input type="text"/>	Indirect Costs <input type="text"/>	Total Costs <input type="text"/>
<input type="checkbox"/> In-Kind			Title <input style="width:100%;" type="text"/>

Cost-Share Source 5	Cost-Share Type <input type="text"/>	Source Type <input type="text"/>	Source Name <input type="text"/>
Purpose, Amounts & Rationale <input style="width:100%; height: 50px;" type="text"/>			Approver Signature & Date (not required for Third Parties) X <input style="width:100%; height: 20px;" type="text"/>
<input type="checkbox"/> Cash	Direct Costs <input type="text"/>	Indirect Costs <input type="text"/>	Total Costs <input type="text"/>
<input type="checkbox"/> In-Kind			Title <input style="width:100%;" type="text"/>

Cost-Share Source 6	Cost-Share Type <input type="text"/>	Source Type <input type="text"/>	Source Name <input type="text"/>
Purpose, Amounts & Rationale <input style="width:100%; height: 50px;" type="text"/>			Approver Signature & Date (not required for Third Parties) X <input style="width:100%; height: 20px;" type="text"/>
<input type="checkbox"/> Cash	Direct Costs <input type="text"/>	Indirect Costs <input type="text"/>	Total Costs <input type="text"/>
<input type="checkbox"/> In-Kind			Title <input style="width:100%;" type="text"/>

Cost-Share Source 7	Cost-Share Type <input type="text"/>	Source Type <input type="text"/>	Source Name <input type="text"/>
Purpose, Amounts & Rationale <input style="width:100%; height: 50px;" type="text"/>			Approver Signature & Date (not required for Third Parties) X <input style="width:100%; height: 20px;" type="text"/>
<input type="checkbox"/> Cash	Direct Costs <input type="text"/>	Indirect Costs <input type="text"/>	Total Costs <input type="text"/>
<input type="checkbox"/> In-Kind			Title <input style="width:100%;" type="text"/>