

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

Proposal Title

Start Date End Date Deadline

Submission Type New *Revised Proposal or PRF Award Supplement Pre-proposal *Original SRS Prop #

Activity Type Research Instruction Public Service Student Services Academic Support Inst Support

Sponsor Prime Sponsor

Prog Name Prog # CFDA #

Other Organizations (Subrecipients, Third Party Cost-Shares, Collaborating Organizations)

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

RIT Senior 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

Resources - 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. Project involves significant Curriculum Development activities

R4. Project utilizes CCRG, LSC, NPRL, or SMFL Laboratory Facilities (If Yes, indicate which Labs)

CCRG LSC NPRL SMFL

Budget

Yes No

B1. The Principal Investigator designates that the proposed project's activities occur under one of the following Research or SIRA Centers (Select one) [More](#)

Research Centers

AMPrint CASTLE CCRG CFD CHAI DIRS LAMA MAGIC NPRL

SIRAs

FPI PHT Cyber UAS FGWA

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. Project budget includes extra compensation (add-pay) for RIT employee(s)

Compliance - Please use the Additional Comments Section below for any pertinent details

Yes No

C1. Researchers or their family members have Financial Interests in an organization sponsoring, collaborating, or providing goods or services for the project. If yes, these interests must be disclosed in the RIT Conflict of Interest System (COI). [More](#)

-Additionally, if this proposal involves PHS funding PIs and Co-PIs must update Part III of the RIT COI prior to submission

C2. Proprietary or Privileged Information is contained in the proposal

C3. Project involves Human Subjects Research [More](#)

C4. Project involves the use of Laboratory Animals

C5. Hazardous Materials, Radiation, or Lasers will be Used or Produced

C6. Project involves potential Biosafety issues, including the use or production of Biohazards, Pathogens, Select Agents, Recombinant DNA, or Genetically Modified Organisms. [More](#)

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, attach a Statement of Work, a detailed budget, a budget justification, a signed letter of commitment from an authorized institutional representative of the subrecipient organization(s) along with a signed Subrecipient Commitment Form with all its required attachments must accompany this PRF for all approvals. <http://www.rit.edu/research/srs/formsagreements> [More](#)

Additional Comments

R·I·T 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.

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Yes No

<input type="checkbox"/>	<input type="checkbox"/>	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 <u>not</u> share the research results in the scientific community?
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	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: <input type="checkbox"/> Involves WASP Technology <input type="checkbox"/> Utilizes III-V Compounds <input type="checkbox"/> Operates under a finalized and signed Technology Control Plan <input type="checkbox"/> Involves the Metal Organic Vapor Phase Epitaxy (MOVPE) system <input type="checkbox"/> Other Details: <input style="width: 600px;" type="text"/> SRS# <input style="width: 150px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	5. Involve research containing source code for encrypted software (other than publicly available software distributed at no charge)?
<input type="checkbox"/>	<input type="checkbox"/>	6. Involve research, information or software that could be used for military or space applications?
<input type="checkbox"/>	<input type="checkbox"/>	7. Involve research, information or software that could be used in development of weapons of mass destruction (nuclear, biological, chemical), or their delivery systems?
<input type="checkbox"/>	<input type="checkbox"/>	8. Involve or is it anticipated to involve travel to, or performance of, the project at sites located outside of the U.S.? If so, list all countries.

PI Signature

X	Date
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Budget

Performance Location	MTDC	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; and 4) I agree to **Perform** the Responsibilities pertinent to my role on this project.

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 SRA	Date	X Authorized Institutional Official	Date
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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 <input type="text"/>
Number of Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Amount Requested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Comments	<input type="text"/>			Total Costs	<input type="text"/>	Title <input type="text"/>

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) <input type="text"/>
<input type="checkbox"/> Cash	Direct Costs	Indirect Costs	Total Costs	Name <input type="text"/>	
<input type="checkbox"/> In-Kind	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title <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) <input type="text"/>
<input type="checkbox"/> Cash	Direct Costs	Indirect Costs	Total Costs	Name <input type="text"/>	
<input type="checkbox"/> In-Kind	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title <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) <input type="text"/>
<input type="checkbox"/> Cash	Direct Costs	Indirect Costs	Total Costs	Name <input type="text"/>	
<input type="checkbox"/> In-Kind	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title <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 type="text"/>			Approver Signature & Date (not required for Third Parties) <input type="text"/>
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	Direct Costs <input type="text"/>	Indirect Costs <input type="text"/>	Total Costs <input type="text"/>
			Name <input type="text"/>
			Title <input 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 type="text"/>			Approver Signature & Date (not required for Third Parties) <input type="text"/>
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	Direct Costs <input type="text"/>	Indirect Costs <input type="text"/>	Total Costs <input type="text"/>
			Name <input type="text"/>
			Title <input 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 type="text"/>			Approver Signature & Date (not required for Third Parties) <input type="text"/>
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	Direct Costs <input type="text"/>	Indirect Costs <input type="text"/>	Total Costs <input type="text"/>
			Name <input type="text"/>
			Title <input 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 type="text"/>			Approver Signature & Date (not required for Third Parties) <input type="text"/>
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	Direct Costs <input type="text"/>	Indirect Costs <input type="text"/>	Total Costs <input type="text"/>
			Name <input type="text"/>
			Title <input type="text"/>