

August 01, 2010

Proposal processing form

Office of Research Administration and Finance, Northeastern University

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¹ Date Submitted			PROPOSAL PROCESSING FORM			² Control No.		
³ Principal Investigator(s)		⁴ Dept.	⁵ College	⁶ Address	⁷ Ext.	⁸ Email		⁹ % Particip.
1. _____								%
2. _____								%
3. _____								%
4. _____								%
5. _____								%
¹⁰ Project Title:					¹¹ Agency's Deadline Date:		¹² No. of copies:	
					<input type="checkbox"/> Receipt <input type="checkbox"/> Postmarked			
¹⁴ Submitted to: (Agency Name & Address)					¹³ Electronic submission:			
					<input type="checkbox"/> Complete Proposal <input type="checkbox"/> Partial Proposal			
¹⁵ Program Announcement/Solicitation:					¹⁶ If this is a subcontract, give name of prime funding source:			
Funding requested:			¹⁹ Total requested			²⁰ Proposed start date:		²¹ Proposed end date:
¹⁷ Direct amount	¹⁸ Indirect amount							
\$ _____	\$ _____		\$ _____					
²² Indirect Cost Rate %:		<input checked="" type="checkbox"/> If funding agency's policy is to pay no indirect costs, or to pay an amount lower than NU's current rate, attach a copy of the agency's policy. If the application of NU's standard rate is a concern for other reasons, call Research Administration and Finance at ext. 5600.						
²³ Indirect Cost: Waiver Reduction		<input type="checkbox"/> No <input type="checkbox"/> Yes	Percent Reduction	Requested by:				
		<input type="checkbox"/> No <input type="checkbox"/> Yes	%					
²⁴ Type of Project (check one only):								
<input type="checkbox"/> Research <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Equipment <input type="checkbox"/> Community Service <input type="checkbox"/> Other (specify) _____								
²⁵ <input type="checkbox"/> New Project <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Revised Budget								
If Continuation, Renewal or Supplement, enter NU Banner Index no. of existing award: _____								
If this is a Revised Budget, enter RAF Control No. of original proposal: _____								
Special Conditions/Requirements								
²⁶ COST SHARING included in proposal? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete sections on page 3.)								
²⁷ RELEASE TIME: Dept. _____ Sponsor: _____ Other: _____								
²⁸ SPACE: Are additional or altered facilities needed? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete section on page 3.)								
²⁹ PROPRIETARY INFORMATION included in proposal on following pages: _____								
³⁰ SUBCONTRACTS included in proposal? <input type="checkbox"/> No <input type="checkbox"/> Yes								
³¹ List other specialized needs:								

³²CHECK if any of the following are involved.

HUMAN SUBJECTS

VERTEBRATE ANIMALS

RECOMBINANT DNA CHEMICAL HAZARD

BIOLOGICAL HAZARD RADIATION

None of the above apply.

Note: Human Subject (IRB) & Animal Care Committee (IACUC) protocol approvals are not required as a condition for proposal submission; however, PIs must submit protocols for Committee review immediately after proposal has been submitted to the agency.

³³**CONFLICT OF INTEREST:**

All PIs involved in the proposed project must certify whether they have or do not have a conflict of interest with regard to this project by completing and signing the Conflict of Interest section on page 2 of this form.

³⁴**Signed:**

1. The undersigned Principal Investigator(s)/Project Director(s) certify that (a) they are aware of, & will comply with, OMB Circular A-110 for the purpose of avoiding duplicate & unnecessary equipment purchases; (b) they are in compliance with NU's Drug-Free Workplace policy on alcohol & drugs; (c) to the best of their knowledge and belief, no funds from any source were paid or will be paid to influence an award of any federal contract or grant; (d) they are aware of, and will comply with, NU policy and procedures for dealing with and reporting possible misconduct in science; and (e) they will comply with University and sponsoring agency policies during the term of any award made as a result of this proposal.

2. The undersigned Department Chair(s) and Dean(s) certify that this proposal has been reviewed, and that it is consistent with the mission of their respective Departments and Colleges; that all space requirements have been addressed and approved; and that the appropriate committee approvals have been obtained by the Principal Investigator(s)/Project Director(s).

3. The undersigned certify that they are not individually delinquent on any dept (other than to the IRS or Social Security Administration) owed to the U.S. Government. The Undersigned Director of RAF further certifies that the University is not delinquent on any debt owed to the U.S. Government.

PI/PD	Date	PI/PD	Date
Dept. Chair	Date	Dept. Chair	Date
Dean	Date	Dean	Date

COST SHARING

If you checked "Yes" in Block 24, complete the following: list the dollar amount of cost sharing commitment contributed by the units shown below, the index numbers and line items from which the commitment is made, and provide the appropriate signatures of chairs, deans, etc., committing the funds to the project if an award is made. On page 3 of this form please **complete the "Explanation of Cost Sharing"** section, describing the details of the cost-sharing arrangement. Please see the NU cost share policy at www.northeastern.edu/research/policies.

Principal Investigators please note: if you anticipate that the funding agency's award on your proposal will be made at a **time later** than that given in the "Commitment Valid Until" column, it will be your responsibility to request an extension of time for that commitment from the department, dean, etc., to ensure that the commitment will not expire.

	Specify Dept. or College	\$ Amount	Index # & Line Item	Commitment Valid Until (Date)	Authorized Signature & Date
Department		\$			
Department		\$			
College		\$			
College		\$			
Provost		\$			
President		\$			
Other Source*		\$			Attach copy of signed letter of commitment.
<small>*E.g. outside, non-university source.</small>	Total Cost Share Amount	\$			

This proposal involves a _____ year project.

EXPLANATION OF COST SHARING
(If applicable, please use the space below to provide a brief explanation of the proposed cost-sharing arrangements)

SPACE REQUESTS

NOTE: All space requests for additional facilities, alterations, and/or renovations needed for this project require the prior approval of the **department chair(s) and dean(s)** involved before submitting the proposal to the Office of Research Administration and Finance. If applicable, please use the space below to describe briefly any space alterations, modifications or renovations required for this project if an award is made. It is very important to notify department chairs and deans of any such needs as early as possible.

INSTRUCTIONS FOR COMPLETING PROPOSAL PROCESSING FORM (PPF)

COMPLETE PROPOSAL PROCESSING FORM (PPF) as follows:

- Block 1: Leave blank; RAF will complete with submission date.
Block 2: Leave blank; RAF will supply the Control Number.
Block 3: List PI's last name first, then first initial only for each PI.
Block 4: Give PI's department, center or institute; abbreviation, if unambiguous, is sufficient. One item per line (i.e. if the PI is splitting effort between a dept. and a center, use a separate line for each, not Dept./Ctr.).
Block 5: Give PI's college; abbreviation is sufficient.
Block 6: Give PI's campus address: building & room #.
Block 7: List PI's campus phone extension.
Block 8: List PI's primary email address.
Block 9: Give the percentage of participation for each PI. This is the percentage that represents each PI's share of the project. If no credit is to be apportioned to a line, write 0 (zero). If no figures are given, RAF will assign equal credit to every PI listed. **All of the amounts in Block 9 must sum to 100%; each PI, Department, Center or Institute share can vary between 0% and 100%, but the combined total must equal 100%.** This percentage will also be used to calculate any share of indirect cost return that may be distributed. PIs may agree to alter the percentage distribution after an award is made, but before expenditures are begun, provided that RAF is informed of the change in writing, with the agreement of all PIs, department chairs, center/institute directors, and deans involved.
Note: If you need more space for items 1-9, attach a second copy of page 1 of the PPF.
Block 10: Give title of the project.
Block 11: Give agency's deadline date, and check if agency specifies postmark or proposal receipt date; if no date is given, DSPA will assume there is no deadline.
Block 12: Give number of copies of proposal required by the sponsoring agency.
Block 13: If your proposal is to be transmitted electronically, check appropriate box to indicate whether the **complete** proposal or **part** of the proposal (e.g. cover & summary pages only) is to be submitted electronically.
Block 14: Give name & address of agency/entity to which NU is submitting this proposal. For example, if your proposal is going **directly** to NSF, then list NSF [also see Block 16].
Block 15: Give name of agency program (e.g. CARRER, YIP) and/or Program Announcement or FOA number.
Block 16: If NU is the subrecipient of funds on a subcontract, list the primary source of the funding in Block 16. For example, if NSF is funding a project at MIT, and MIT is subcontracting to NU, MIT would be listed in Block 14 and NSF would be listed in Block 16.
Block 17: Give the amount of direct costs requested for the entire duration of the project.
Block 18: Give the amount of indirect costs (overhead) requested for the entire duration of the project.
Block 19: Give the total amount requested from the agency; Block 17 plus Block 18.
Block 20: Give proposed starting date of the project.
Block 21: Give proposed ending date of the project.

- Block 22: Give the indirect cost (overhead, F&A) rate(s), by percentage, to be charged to the agency or sponsor on this project. **NOTE:** in most cases use NU's standard negotiated rate(s). If funding agency's policy is to pay no indirect costs, or to pay at a rate lower than NU's current rate(s), *attach a copy of the agency's policy*. **If the application of NU's standard rate is a concern for other reasons, call the RAF office, ext. 5600.**
Block 23: If a *voluntary reduction*, or a *voluntary total waiver*, of normally allowable indirect costs is proposed in the budget, check appropriate box; give the percentage of the reduction (100% if a total waiver is involved); and list the name(s) of NU personnel initiating the proposed voluntary reduction or waiver. **Note:** normally, no voluntary reduction or waiver will be approved unless it is deemed to serve a critical institutional purpose.
Block 24: Check one box only to indicate the *principal* purpose of project. Note: "Education" means support for course instruction at NU; "Training" means providing training for activity other than through normal NU course instruction.
Block 25: If the proposal is a renewal, continuation or supplement, be sure to give the Banner Index number of the existing award. If it involves a revised budget—that is, it includes *material change* in the budget of a previously submitted proposal—give the Control Number of the original proposal.
Block 26: If the proposal includes any cost-sharing—whether required by the agency, or contributed voluntarily—check "Yes" and complete the information as directed on Page 3 of the PPF.
Block 27: List the dollar amount/equivalents of release time contributed. Use additional sheet if necessary.
Block 28: Space: If you have checked "Yes," please complete information as directed on Page 3 of the PPF. **Note that all space requests for additional facilities, alterations, or renovations needed for this project require signatures of the department chair(s) and dean(s) involved before submitting the proposal to RAF.**
Block 29: If any proprietary information is involved in this proposed project, please give the page number(s) of the proposal on which this appears.
Block 30: Indicate whether any subcontract(s) are included in this proposal.
Block 31: List other specialized needs for this project. Use additional sheet if necessary.
Block 32: Check appropriate boxes. Approval of the appropriate Committee Chairs or University officers is required before work can begin on a project. For information call RAF, ext. 5600, or Research Integrity, ext. 4588.
Block 33: See top section of page 2, "Conflict of Interest."
Block 34: Before signing this form, please read statements 1, 2 & 3 directly under the word "Signed." All PI/PD's, if possible, must sign the Proposal Processing Form. Signature(s) of the respective Department Chair(s) and Dean(s) must be obtained prior to submittal of proposal to RAF.

Proposals, including a completed PPF, must be received by RAF at least 5 business days before the agency's submission deadline.
RAF contact information:
960 Renaissance Park
617-373-5600 (ext. 5600 on campus)
dspa@neu.edu
www.northeastern.edu/research/sponsored_project_administration/



Northeastern

U N I V E R S I T Y

FOR NIH PROPOSALS

Division of Sponsored
Project Administration
405 Lake Hall
Northeastern University
Boston, MA 02115-5000

Phone: 617-373-5600
Fax: 617-373-4595

REQUIRED CERTIFICATION BY PRINCIPAL INVESTIGATOR FOR ALL APPLICATIONS, POST-SUBMISSION INFORMATION, PROGRESS REPORTS AND POST AWARD PRIOR APPROVAL REQUESTS TO NIH

1. The information submitted within the application is true, complete and accurate to the best of my knowledge.
2. Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
3. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Principal Investigator