

**Project Information Form**  
**Rensselaer Polytechnic Institute**  
**Research Administration and Finance**

<b>RAF USE ONLY</b>	Proposal No. <input type="text"/>
	Date Submitted: <input type="text"/>

Principal Investigator: \_\_\_\_\_ PI Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Co-Principal Investigator(s) and Percentage of Award** (If none is entered, it will be divided equally)

PI 1: _____ %	Co-PI 4: _____ %
Co-PI 2: _____ %	Co-PI 5: _____ %
Co-PI 3: _____ %	Co-PI 6: _____ %

The above information will be used to determine the appropriation of the overhead incentive. If your project involves a center, please indicate below the name of the center that should receive the indirect cost incentive.

Center:

**Submitting Department, Center, or School:** \_\_\_\_\_

**Administrative Department or Center:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_ **Solicitation Number/RFP:** \_\_\_\_\_

**Primary Sponsor:** \_\_\_\_\_ **Directorate, Division, and Program:** \_\_\_\_\_

Start Date:  End Date:  Duration:  Amount Requested:

Title

Summary

**Proposal Type:**

<input type="checkbox"/> Preliminary	<input type="checkbox"/> New	<input type="checkbox"/> Resubmission	Proposal No. <input type="text"/>
<input type="checkbox"/> Supplement	<input type="checkbox"/> Renewal	<input type="checkbox"/> Continuation	Fund No. <input type="text"/>

**Project Type:**

<input type="checkbox"/> Research	<input type="checkbox"/> Equipment	<input type="checkbox"/> Educational
<input type="checkbox"/> Travel	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Conference/Workshop

**Compliances:** (Check Yes or No for each question, provide date or location where applicable)

<input type="checkbox"/> <input type="checkbox"/> <b>Y N</b> Vertebrate Animals (Date Approved _____)	<input type="checkbox"/> <input type="checkbox"/> <b>Y N</b> Confidential/proprietary information (pages must be labeled)
<input type="checkbox"/> <input type="checkbox"/> Human Subjects (Date Approved _____)	<input type="checkbox"/> <input type="checkbox"/> Renovations/Modifications of existing facilities/utilities
<input type="checkbox"/> <input type="checkbox"/> rDNA, potentially pathogenic biological agents, hazardous, radioactive materials/waste (Date Approved _____)	<input type="checkbox"/> <input type="checkbox"/> Consultants or Subcontracts
<input type="checkbox"/> <input type="checkbox"/> Under Export Control (EAR, ITAR, OFAC, etc.)	<input type="checkbox"/> <input type="checkbox"/> Foreign Activities (including traveling abroad)

Location: \_\_\_\_\_

**Conflict of Interest:** (Check Yes or No for each question)

<input type="checkbox"/> <input type="checkbox"/> <b>Y N</b> Completed Annual Conflict of Interest Disclosure (Annual Division of Human Resources Survey)
<input type="checkbox"/> <input type="checkbox"/> Do any outside financial interests of Key Personnel directly affect the design, conduct, or reporting of the subject research?

**Facilities and Administration Rate** (Indirect Costs)

- On Campus Research     
  On Campus Non-Research     
  Sponsor Rate Specify
- Off Campus Research     
  Off Campus Non-Research

**Shipping Information**

- UPS       Standard Mail  
 Electronic       PI Responsible

**Sponsor Information:**

Mailing Address:

E-mail:

Web Address:

Phone:

Fax:

**Number of copies:****Deadline Information**

- Receipt:  
 Postmark Deadline Date:  
 ASAP (7-14 working days)

**Cost Sharing Source and Type** (Must Provide Documentation)

(Appropriated or Non-Appropriated)

A	N	Source	FOPAL	Amount	Mandatory
<input type="checkbox"/>	<input type="checkbox"/>	Tuition (Standard)	135490.9935.569	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Additional Tuition	130000.1092.569	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Department: _____	130000. .560	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	School: _____	130000. .560	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Provost:	130000.2004.560	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	VP for Research	130000.1092.560	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	External: _____	NA	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Unrecovered	NA	_____	<input type="checkbox"/>

Comments

**PI Certification - Please check the box below and insert your name and the date to certify**

PI certifies that all statements contained above regarding the proposal, including the scope of work and budget, is true and accurate and does not infringe on the proprietary rights of others. Neither the PI nor any key personnel on this project are, to the best of their knowledge, debarred, suspended or proposed for debarment by any Federal department or agency. All work to be done under this proposal shall be subject to the terms of all rules and regulations of the Institute.

 PI 

 Date