**FOR INTERNAL CUNY SPH USE ONLY**

Grant/Contract Transmittal Form

**Instructions**: Please complete and email this form to the Grants Officer assigned to your grant application.

All proposals or bids for contracts **must** receive institutional approvals and SPaR approval before submitting to the agency.

**Leadership Team**

|  |  |  |  |
| --- | --- | --- | --- |
| Role: | Principal Investigator | Co I | Co I |
| Name: |  |  |  |
| Email: |  |  |  |
| Phone: |  |  |  |
| Department: |  |  |  |
| Is this the principal investigator’s first time to submit a proposal to an external funding agency? ☐ Yes ☐ No |
| *For Additional Key Personnel, use Page 4* |

**Funding Opportunity**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency/Sponsor |  | Opportunity/CFDA# |  |
| Sponsor Deadline |  | SPaR Deadline (5 business days) |  |
| *SPaR cannot verify compliance or financial feasibility of proposals submitted after the internal deadline. Proposals submitted after this time are at risk of not being submitted or being declined or amended at the time of award. Financial repercussions of a non-compliant application will be the PI’s responsibility.* |
| Sponsor Type | Mechanism | Type | Submission Method |
| Budget Cap: |  | Funding Duration |  |
| Link to Guidelines/Announcement: |  |

**Project Information**

|  |  |
| --- | --- |
| Project Title: |  |
| Proposed Period: |  | Center/Institute Affiliation | Purpose |
| IRB ☐ Yes ☐ No | Animal Research ☐ Yes ☐ No | **RESEARCH COMPLIANCE:** Federal regulations govern the use of human subjects, animals, high hazard chemicals, recombinant DNA, biohazardous materials, radioactive materials, select agents/toxins, and data subject to export controls. If your proposal includes any of these components school policy requires that you receive the proper approvals. Contact SPaR or HRPP for additional information.  |
| Exempt: ☐ Yes ☐ NoNumber: \_\_\_IRB Approval: | \_\_\_\_\_\_\_\_\_\_\_\_\_(date or pending)Clinical Trial?☐ Yes ☐ No | Invention/Patent ☐ Yes ☐ No |
| Proprietary Info ☐ Yes ☐ No |
| Environ. Impact ☐ Yes ☐ No |
| Institution |  | PI: |  |
| Anticipated Budget Total: |  | (PI) Email: |  |
| Grants Office Contact: |  | (Grants Office) Email: |  |
| *For Additional Collaborating Institutions, use Page 4* |

**Institutional CLearances Required**

**Will this project:** Require Institutionalization of the program beyond the grant period? ☐ Yes ☐ No

|  |  |
| --- | --- |
| Include Academic Effort? ☐ Yes ☐ No | Include Student Participation? ☐ Yes ☐ No |
| Include Summer Effort? ☐ Yes ☐ No | Require additional or renovated facilities? ☐ Yes ☐ No |
| Include a multiple PI Plan? ☐ Yes ☐ No | Require Cost-Share or Matching? ☐ Yes ☐ No |
| Include new staff? ☐ Yes ☐ No | Require an IDC waiver/reduction? ☐ Yes ☐ No |
| Include staff concurrently employed by CUNY (tax levy)? ☐ Yes ☐ No |
| Involve foreign components, collaborators or travel to a foreign country? ☐ Yes ☐ No Please List Countries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the study involve human participants? ☐ Yes ☐ No Are the participants prospectively assigned to an intervention? ☐ Yes ☐ NoIs the study designed to evaluate the effect of the intervention on the participants? ☐ Yes ☐ NoIs the effect that will be evaluated a health-related biomedical or behavioral outcome? ☐ Yes ☐ No |
| **Is this project:** Community-based? ☐ Yes ☐ No  |  NYC-based? ☐ Yes ☐ No |

**Abstract**

|  |
| --- |
| [Please provide a summary or scope of work] |

**Assurances and Certifications**

*Please sign digitally or email your approval to SPaR@sph.cuny.edu*

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| **PRINCIPAL INVESTIGATOR** By submitting this proposal to the funding agency the PI certifies that: (1) the information submitted with 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 appropriate conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application/proposal; (4) as the Project Investigator (Director), I will assume ALL responsibility for program administration, financial details, completion of forms and reports, following all requirements and guidelines, and will attend all meetings called by the funding agency; (5) all resources and personnel necessary to accomplish the specific aims are detailed in the budget; and (6) I am not presently debarred or suspended from doing business with the federal government. |
|  |  |  |
| *Name* | *Signature* | *Date* |
| **COLLABORATORS** By approving this proposal Co-PIs, other faculty, and staff certify that: (1) The information submitted with the application is true, complete and accurate to the best of my knowledge; (2) I agree to accept responsibility for my conduct on the project and to provide the required progress and effort reports associated with my scope of work; and (3) I am not presently debarred or suspended from doing business with the federal government. |
|  |  |  |
| *Name* | *Signature* | *Date* |
|  |  |  |
| *Name* | *Signature* | *Date* |
|  |  |  |
| *Name* | *Signature* | *Date* |
| **CHAIRS** By approving this proposal, I certify that this project is in accord with policies, capabilities, and mission of the department and has departmental support.\*Note: *If this project will provide funding for, or require effort from faculty from more than one department, the approval of all associated chairs is required.* |
|  |  |  |
| *Name* | *Signature* | *Date* |
|  |  |  |
| *Name* | *Signature* | *Date* |
|  |  |  |
| *Name* | *Signature* | *Date* |
|  |  |  |
| *Name* | *Signature* | *Date* |

**Additional Key Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Role | Role | Role |
| Name: |  |  |  |
| Email: |  |  |  |
| Phone: |  |  |  |
| Department: |  |  |  |

**Additional cOLLABORATORS**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution |  | PI: |  |
| Anticipated Budget Total: |  | (PI) Email: |  |
| Grants Office Contact: |  | (Grants Office) Email: |  |
| Institution |  | PI: |  |
| Anticipated Budget Total: |  | (PI) Email: |  |
| Grants Office Contact: |  | (Grants Office) Email: |  |
| Institution |  | PI: |  |
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| Grants Office Contact: |  | (Grants Office) Email: |  |
| Institution |  | PI |  |
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| Institution |  | PI: |  |
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| Grants Office Contact: |  | (Grants Office) Email: |  |

**Additional cOLLABORATORS**

|  |
| --- |
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|  |  |  |
| *Name* | *Signature* | *Date* |
|  |  |  |
| *Name* | *Signature* | *Date* |
|  |  |  |
| *Name* | *Signature* | *Date* |