

INTERNAL ACADEMIC APPROVAL OF SPONSORED PROGRAMS

SUNY Cortland Research & Sponsored Programs Office
Phone: 607 753-2511 Fax: 607 753-5590
Email: RSPO@Cortland.edu

This form must accompany all sponsored programs Proposals. Please complete the entire form, obtain appropriate signatures and forward to RSPO. The proposal must be submitted least ten (10) days before the sponsor deadline.

Principal Investigator: _____ Co-PI (if any): _____

Department: _____ School: _____

Sponsor: _____ Sponsor Deadline: _____ Receipt Postmark

Title of Proposal: _____

Project type: Pre-proposal New Continuation (Noncompetitive) Renewal (Competitive) Revised

Period of performance: _____ Amount Requested: \$ _____

The applicant for all proposals is: "The Research Foundation for SUNY at Cortland"

Proposal Preparation Checklist: *Check all that apply*

1. This project involves the use of Human subjects.
2. This project uses DNA or RNA molecules, viruses, bacteria, cells, and/or organisms constructed with Recombinant DNA methodology or techniques.
3. This project uses live vertebrate animals, requiring animal protocol approval.
4. Neither I, myself, nor any of my immediate household members, nor any key personnel on this project have any financial interests in or managerial responsibilities with the proposed project that could create a conflict of interest. (If yes, attach an explanation.)
5. This project will involve faculty leave or release time from teaching or other obligation for the following semester(s): _____
6. This project involves curricular proposals.
7. This project involves foreign travel to: _____
8. This project is a collaborative project with subcontracts.
9. This project involves soliciting funds from private donors, individuals, foundations and/or corporations.
10. This project involves the purchase and/or use of specialized computers or other high-tech equipment. (If yes, attach an explanation.)
11. This project requires substantive faculty effort, space or VP matching funds.

Cost Share and / or IFR Salary Recovery

Most often, cost share is documentation of time spent working on an award during the academic year, calculated as a percentage of faculty salary effort. The total is tracked separately, reported to the sponsor and may be mandatory. This is considered institutional financial support for the project. For reference: 10% effort equals about about half a day per week.

Example: 10% cost shared effort with a base salary of \$65,000 = \$6,500 (plus fringe benefits and indirect costs tbd)

Cost Share % of effort: _____ Cost Share amount: \$ _____

Cost Share Description: _____

IFR Salary Recovery are funds directly charged to the grant budget in order to compensate the campus for faculty time spent on sponsored projects. These funds are tracked within the award budget and can be used to support course releases during the academic year with appropriate approval.

Is this a multi-year project? Y/N

The PI will devote ____% or \$ _____ per academic year to the project; the Co-PI will devote ____% or \$ _____ per academic year to the project

Number of course release(s) requested per year: Fall ____ Spring ____

All Proposals must be submitted to RSPO ten (10) days prior to the deadline

Note: The signatures below denote a commitment to the project (personnel, resources, and space) as well as the cost share identified above. In addition, signatories certify that the project is compatible with the objectives of the State University of New York College at Cortland.

Principal Investigator: _____ Date _____

Co-PI (if applicable): _____ Date _____

Department Chair/Director: _____ Date _____

School Dean: _____ Date _____

Sponsored Programs Office: _____ Date _____

Projects that require substantive faculty effort, space, or cost sharing commitments require approval of the Provost and VP for Finance and Management prior to proposal submission.

Provost and VP for Academic Affairs: _____ Date _____

VP for Finance & Management/OM: _____ Date _____

Conflict of Interest Form – Annual Disclosure of Financial Interests and Obligations

Dear Colleagues:

As part of its commitment to promoting objectivity in research and in compliance with federal regulations on conflict of interest, the Research Foundation of SUNY College at Cortland has adopted an Annual Disclosure Policy. ***This policy requires that all faculty/staff submitting a proposal through The Research Foundation of SUNY submit an annual disclosure form*** to ensure that the design, conduct and reporting of sponsored program activity will not be biased by the significant financial interests or obligations of any investigator. To comply with this policy, each investigator must submit an annual disclosure form on or before October 1st (attached) for:

- submission of an application to an external sponsor, or
- acceptance of an award where there was no prior disclosure submitted for that work

The submission of this annual disclosure satisfies the requirements of the Department of Health and Human Services (PHS) and the National Science Foundation (NSF). These agencies require that, by the time an application is submitted, each investigator planning to participate in PHS- or NSF-funded research has disclosed his/her known significant financial interests (and those of his/her spouse and dependent children) (42 CFR Part 50 Subpart F and 45 CFR Part 94 and Chapter IV of the NSF Grant Policy Manual). *This policy is being applied to all faculty/staff submitting proposals through the Research Foundation of SUNY at SUNY College at Cortland.*

**Please complete the attached form and submit it to Research and Sponsored Programs
Office: RSPO@Cortland.edu**

Questions concerning this policy or the annual disclosure *should be addressed to the Director of Research and Sponsored Programs, SUNY College at Cortland, 607-753-2511.*

Conflict of Interest Disclosure Statement

Upon application for federal funds and annually thereafter during the life of a Research Foundation award

This statement applies to Investigators submitting proposals and receiving awards from the United States Public Health Services (PHS) or the National Science Foundation (NSF) directly or as a subaward. Investigators must complete this form each time a proposal is prepared or the proposal will not be authorized for submission by RSPO on behalf of SUNY Cortland. In addition investigators must complete this disclosure every October 1st for all PHS and NSF awards.

Specific Instructions: Place a check in the appropriate column for each question. Once every question is answered, the investigator must certify the information by signing the bottom of the form. ***The completed conflict of interest disclosure statement should be placed in a sealed envelope, marked confidential, and forwarded to the Research and Sponsored Programs Office (RSPO), 206 Miller Building.***

Note: RSPO will not release your award until it has been determined that an up-to-date disclosure is on file.

Investigator Name:		
Department/School:		
Proposal Title:		
Funding Source:		
Questions	Yes*	No
Do you, your spouse or dependent child(ren) hold a position of management, such as board member, director, officer, partner, trustee, employee or consultant with a sponsor, a vendor or (sub) contractor related to the sponsored program activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse or dependent child(ren) have significant financial interest in a Sponsor, a vendor or (sub) contractor related to your sponsored program activity? Significant financial interest includes stock, stock options, and/or any other ownership interest valued at more than \$10,000 or 5% ownership.	<input type="checkbox"/>	<input type="checkbox"/>
Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of your sponsored program activity?	<input type="checkbox"/>	<input type="checkbox"/>
Investigator Certification:		
<ul style="list-style-type: none"> • I have read and understood the Conflict of Interest Policy. • I agree to file a new or updated Disclosure Form if the answer to any of the above questions changes. • I certify that the answers to the declaration are accurate and truthful to the best of my knowledge. 		
Signature: _____ Date: _____		

* If the answer to any question is Yes, please contact RSPO prior to submission of this form. RSPO will send you a Disclosure Statement form (RF Exhibit A) to affirmative respondents to report affiliations, nature and source of employment that may reasonably appear to affect the research or educational activities funded, and outline of warrants or stocks and other investment interests that may reasonably appear to affect the proposed research or education activities that are a sum greater than \$10,000.