

Rensselaer Polytechnic Institute

Project Information Form

View the
[PIF Guide](#)

<p>A. PI Name: <input style="width: 50%;" type="text"/></p> <p>Title: <input style="width: 20%;" type="text"/> Phone: <input style="width: 10%;" type="text"/> Email: <input style="width: 20%;" type="text"/></p> <p>Department/Center: <input style="width: 40%;" type="text"/> Org: <input style="width: 10%;" type="text"/></p> <p><small>(list only one)</small></p> <p>PI Credit: <input style="width: 5%;" type="text"/> The following percentages will be used to award credit for research dollars received. If no percentage is provided the allocations will be equally divided.</p> <p>Co-PI 1: <input style="width: 25%;" type="text"/> Credit: <input style="width: 5%;" type="text"/> Co-PI 3: <input style="width: 25%;" type="text"/> Credit: <input style="width: 5%;" type="text"/></p> <p>Co-PI 2: <input style="width: 25%;" type="text"/> Credit: <input style="width: 5%;" type="text"/> Co-PI 4: <input style="width: 25%;" type="text"/> Credit: <input style="width: 5%;" type="text"/></p>	<p style="text-align: center; color: purple;">RA&F Use Only</p> <p>Proposal No.: <input style="width: 100%;" type="text"/></p> <p>Date Received: <input style="width: 100%;" type="text"/></p> <p>Date Submitted: <input style="width: 100%;" type="text"/></p>
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List any additional Co-PIs and credit in the comments section on Page 2 of this form.

B. Sponsor: Prime Sponsor:

* NOTE: If Sponsor or Prime Sponsor is an [agency adopting PHS FCOI regulations](#), the questions on Page 2 are REQUIRED for your proposal to be submitted.

Solicitation/RFP No. & URL:

Start Date: End Date: Duration: Amount:

Project period in months or years

By submitting your proposal through RA&F, each GRA is eligible for a 35 % tuition waiver. See RPI's [Tuition Cost Sharing Policy](#) for details.

Deadline: by: Method: Program/Sub-Program:

Submission Contact Info:
(Website/Email/Address)

Project Title:

Proposal Type: Proposal/Grant No.: Cost Share:

Not required for New or Preliminary proposals Provide details in the Comments section on Page 2

On/Off Campus:

Corporate/Foundation Relations Assisted with this Proposal: Yes No Project Type:

C. Linked Collaborator/
Subcontractor: Organization 1: Lead Non-Lead

Yes No RPI-Lead Organization 2: Lead Non-Lead

If Yes, complete the remainder of this section

List any additional Collaborators in the comments section on Page 2 of this form.

Collaborator Sponsored Programs Office Contact Info:
(Name, Email, Phone #)

D. Please check **Yes** or **No** for each of the following items: NOTE: If a box is not selected, the default answer is **NO**

<input type="checkbox"/> Yes <input type="checkbox"/> No Confidential/Proprietary information; pages must be marked	<input type="checkbox"/> Yes <input type="checkbox"/> No Renovations/Modification of existing facilities/utilities	If Yes, complete the Space Form
<input type="checkbox"/> Yes <input type="checkbox"/> No Program Income Anticipated	<input type="checkbox"/> Yes <input type="checkbox"/> No Foreign Activities	Location: <input style="width: 15%;" type="text"/>

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E. Project Compliance Certifications - Status and documentation is required for any items checked Yes.

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	PHS ONLY: List of Investigators Must be Yes for all PHS (See List of agencies)	Status: <input type="text"/>	Date: <input type="text"/>	<input type="checkbox"/> Documentation (i.e. email/cover page) attached (REQUIRED for each YES)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vertebrate Animals	Status: <input type="text"/>	Date: <input type="text"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Human Subjects	Status: <input type="text"/>	Date: <input type="text"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Biosafety	Status: <input type="text"/>	Date: <input type="text"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stem Cells	Status: <input type="text"/>	Date: <input type="text"/>	

Subject to Export Controls
 Yes No

F. Conflict of Interest (check Yes or No below):

Yes No Do you, any Co-PI/[Investigator](#), or any other personnel who have responsibility for the design, conduct or reporting of the project (or his/her spouse or dependent children) have a financial interest that would reasonably appear to be related to, or affected by, the proposed research project, or the research results?
If yes, all persons with such a financial interest must fill in a [Conflict of Interest Questionnaire](#) and submit it, along with any supporting documentation, with this Project Information Form.

Yes No **FOR PHS-FUNDED (OR FLOW THROUGH FROM PHS) ONLY (See List of agencies).** An [Investigator](#) on this project has a reportable Significant Financial Interest related to this project. If **Yes**, identify the name(s) of the Investigator in Comments.
 N/A

G. 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 project including the scope of work and budget, are true and accurate to the best of the PI's knowledge and do 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. PI also agrees to accept responsibility for the scientific conduct of the project and provide the required progress reports if a grant is awarded as a result of their application as well as all other required reports. Any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties. All work to be done under this project shall be subject to the terms of all rules and regulations of the Institute and the sponsoring agency.

PI Date:
Check

Comments:

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Tuition Subsidy: <input type="text"/>	Rate: <input type="text"/>	Amount: <input type="text"/>	CFDA No.: <input type="text"/>
<input type="text"/>	Org: <input type="text"/>	Amount: <input type="text"/>	
<input type="text"/>	Org: <input type="text"/>	Amount: <input type="text"/>	
Other: <input type="text"/>	Org: <input type="text"/>	Amount: <input type="text"/>	Subcontract(s) Required
Third Party: <input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind	Amount: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Cost Share Approvals/Commitment Letters Received		Total Cost Share: <input type="text"/>	

Facilities and Administration (Indirect Costs):

Base: Rate/Other: Yes No