

<b>A.</b> PI Name: <input style="width: 500px; height: 20px;" type="text"/> Title: <input style="width: 150px;" type="text"/> Phone: <input style="width: 100px;" type="text"/> Email: <input style="width: 150px;" type="text"/> Department/Center: <input style="width: 350px;" type="text"/> (list only one) Org: <input style="width: 50px;" type="text"/> PI Credit: <input style="width: 50px;" type="text"/>	<b>RA&amp;F Use Only</b> Proposal No.: <input style="width: 100px;" type="text"/> Date Received: <input style="width: 100px;" type="text"/> Date Submitted: <input style="width: 100px;" type="text"/>
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The following percentages will be used to award credit for research dollars received. If no percentage is provided the allocations will be equally divided.

Co-PI 1: <input style="width: 250px;" type="text"/>	Credit: <input style="width: 50px;" type="text"/>	Co-PI 3: <input style="width: 250px;" type="text"/>	Credit: <input style="width: 50px;" type="text"/>
Co-PI 2: <input style="width: 250px;" type="text"/>	Credit: <input style="width: 50px;" type="text"/>	Co-PI 4: <input style="width: 250px;" type="text"/>	Credit: <input style="width: 50px;" type="text"/>

List any additional Co-PIs and credit in the comments section on Page 2 of this form.

<b>B.</b> Sponsor: <input style="width: 400px;" type="text"/>	Prime Sponsor: <input style="width: 200px;" type="text"/>
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\* NOTE: If Sponsor or Prime Sponsor is NIH, the NIH 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 Type:

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:

<b>C.</b> <u>Linked Collaborator/</u> <u>Subcontractor:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> RPI-Lead <span style="color: red; font-size: small;">If Yes, complete the remainder of this section</span>	Organization 1: <input style="width: 300px;" type="text"/>	<input type="radio"/> Lead <input type="radio"/> Non-Lead
	Organization 2: <input style="width: 300px;" type="text"/>	<input type="radio"/> Lead <input type="radio"/> Non-Lead

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 <a href="#">Space Form</a>
<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: 150px;" type="text"/>

RA&F Use Only: V:\OCG\prm\

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

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>NIH ONLY:</b> List of <a href="#">Investigators</a> <small>Must be Yes for all NIH</small>	Status: <input type="text"/>	Date: <input type="text"/>	<input type="checkbox"/> <b>Documentation</b> <i>(i.e. email/cover page attached)</i> <small>(REQUIRED for each YES)</small>
<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 NIH-FUNDED (OR FLOW THROUGH FROM NIH) ONLY.** 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.

Check PI  Date:

Comments:

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Tuition Subsidy: <input type="text"/>	Rate: <input type="text"/>	Amount: <input type="text"/>	CFDA No.: <input type="text"/>  Subcontract(s) Required <input type="radio"/> Yes <input type="radio"/> No
<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"/>	

Third Party:   Cash  In Kind Amount:

Name of Organization

Cost Share Approvals/Commitment Letters Received Total Cost Share:

Facilities and Administration (Indirect Costs):

Base:  Rate/Other:   Yes  No