



**NOTICE OF INTENT TO SUBMIT A GRANT APPLICATION**

*Use for grants with a PI/PD who is a member of the non-instructional staff*

*Complete this form as fully as possible and submit this form to College Advancement (M243) at least twelve working days in advance of submitting a proposal.*

***Make sure all approvals are in place.***

Primary Investigator/Project Director: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_ Extension: \_\_\_\_\_

Date Due: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Program Announcement # or URL: \_\_\_\_\_

CFDA (federal grants only) # \_\_\_\_\_

Proposed Project Title: \_\_\_\_\_

1. Is this a federal grant?  No  Yes

2. If a non-federal grant, is online submission required?  No  Yes

If yes, do you currently have access to the online submission interface?  No  Yes

3. Are other institutions involved?  No  Yes

If yes: a. Please list other institutions involved: \_\_\_\_\_  
\_\_\_\_\_

b. Is Kingsborough the lead?  No  Yes

If no, indicate lead institution: \_\_\_\_\_

4. Is this a research project?  No  Yes

If yes, have you completed the Responsible Conduct of Research (RCR) training?  No  Yes

*Please attach a copy of your RCR certificate to this application*

5. Does this project involve human subjects?  No  Yes

If yes, describe status of project with IRB: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Will this project require existing and/or additional space on or off campus?

- No     Yes    if yes:  Existing     On-campus  
 Additional     Off-campus

Please describe space needs and additions and/or renovations to be made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will this project involve the acquisition of computer hardware and/or software?  No     Yes

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

8. Will this project involve the acquisition of major equipment?  No     Yes

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**If you answer “yes” to questions 6, 7, or 8, approval from the Vice President for Finance and Administration is required on page 3 of this form.**

9. Are you requesting salary support for yourself?  No     Yes

If yes, select type and calculate where indicated below:

Released Time:

\_\_\_\_\_% (percent effort) x \_\_\_\_\_ (annual salary) = \$ \_\_\_\_\_ (A)

\$ \_\_\_\_\_ (A) x 0.51 (released time fringe rate) = \$ \_\_\_\_\_ (B)

**Total value of released time requested (A + B) = \$ \_\_\_\_\_ (C)**

10. Are you requesting other staff?  No     Yes

If yes, please indicate: \_\_\_\_\_ (#) full-time    \_\_\_\_\_ (#) part-time

If yes, will this staff member require new office space?  No     Yes

**If new office space is required, approval from the Vice President for Finance and Administration is required on page 3 of this form.**

11. Indirect Costs: base: \$ \_\_\_\_\_ x rate: \_\_\_\_\_ % = \$ \_\_\_\_\_

Kingsborough's federally approved indirect cost rate, effective 07/01/2019, is 52.30% of salary plus fringe for on-campus work, and 23.30% of salary plus fringe for off-campus work. Refer to funder guidelines for possible limits on indirect costs and preferred base.

If requesting less than the approved rate, please indicate the reason:

Funder has placed a limit on the indirect cost recovery of \_\_\_% on \_\_\_\_\_

*Please attach portion of guidelines reflecting that limit to this form*

Matching funds are required and I am requesting that \$ \_\_\_\_\_ in indirect costs be used to meet this match

*Please attach portion of guidelines reflecting that requirement to this form*

This sponsor does not allow for payment of indirect costs

*Please attach portion of guidelines reflecting that requirement to this form and get presidential sign-off as indicated below*

Other reason

*Please attach a brief narrative justification for this request*

12. Are matching funds required?  No  Yes

If yes, please indicate allowable types:  in-kind  cash  other

13. Is there any conflict of interest?  No  Yes

If yes, please explain: \_\_\_\_\_

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**Please attach a brief abstract of the proposal along with a draft budget**

\_\_\_\_\_  
Signature of Principal Investigator/Program Director Date

\_\_\_\_\_  
Signature of Supervisor Date

\_\_\_\_\_  
Signature of Dean, Assistant VP, or Vice President Date

\_\_\_\_\_  
Signature of Vice President for Finance and Administration Date

\_\_\_\_\_  
Signature of President acknowledging waiver of indirect costs Date

