NOTICE OF INTENT TO SUBMIT A GRANT APPLICATION
Use for grants with a PI/PD who is a member of the 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 below.

9. Are you requesting salary support for yourself?
   - No
   - Yes
If yes, select type and calculate where indicated below:
   - Released Time:
     - _____ hours of released time x $1,250 per hour = $______________ (A)
     - $______________ (A) x 0.51 (released time fringe rate) = $______________ (B)
     - Total value of released time requested (A + B) = $______________ (C)
   - Summer Salary (for most grants, faculty may request up to 2 months of summer salary)
     - Annual Salary: $______________ ÷ 9 = $______________ (D)
     - $______________ (D) x _____ (number of months) = $______________ (E)
     - $______________ (E) x 26.7% (summer salary fringe rate) = $______________ (F)
     - Total value of summer salary (E + F) = $______________ (G)
   - Research Leave: (length of leave) _____________

10. Are you requesting a research assistant?
    - No
    - Yes
If yes, please indicate: Undergraduate
    - Graduate
    - Other ________________

11. Are you requesting other staff?
    - No
    - Yes
If yes, please indicate: _______ (#) full-time _______ (#) part-time

If new office space is required, approval from the Vice President for Finance and Administration is required on page 3 of this form.
12. Indirect Costs: $______ x rate: _____% = $____________

Kingsborough’s federally approved indirect cost rate, effective 07/01/2015, 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

13. Are matching funds required? ☐ No ☐ Yes

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

14. Is there any conflict of interest? ☐ No ☐ Yes

If yes, please explain: _____________________________________________________________

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

Signature of Principal Investigator/Program Director Date

________________________________________
Signature of Chair Date

________________________________________
Signature of Provost Date

________________________________________
Signature of Vice President for Finance and Administration Date

________________________________________________________________________
Signature of President acknowledging waiver of indirect costs Date