

<b>For Office Use Only</b> RO# _____ STAFF _____ DATE REC. _____
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## Division of Research Proposal Submission Notice

### FACULTY DATA

	NAME	PHONE	FAX	E-MAIL	% ALLOCATION
PI:					
CO-PI #1					
CO-PI #2					
CO-PI #3					
CO-PI #4					
CO-PI #5					

### PROPOSAL DATA

<b>TYPE OF REQUEST</b>		<b>TYPE OF PROJECT</b>	
<input type="checkbox"/> New <input type="checkbox"/> Continuation* <input type="checkbox"/> Renewal* <input type="checkbox"/> Supplement* <input type="checkbox"/> Increase*		<input type="checkbox"/> Research <input type="checkbox"/> Fellowship <input type="checkbox"/> Instruction <input type="checkbox"/> Student Support <input type="checkbox"/> Equipment <input type="checkbox"/> Service <input type="checkbox"/> Other	
* Current Clarkson Account No.: _____			
<b>DUE DATE:</b> (mm/dd/yy)	Received by:	Postmarked by:	
<b>PROJECT TITLE:</b>			
<b>PROJECT DATES: (mm/dd/yy)</b>		Begin Date:	End date:

### AGENCY DATA

<b>AGENCY NAME:</b>			
<b>TECHNICAL DIRECTORATE:</b>			
<b>AGENCY RFP #/LOCATION:</b>			
<b>TECHNICAL CONTACT:</b>	Name:	Phone:	Fax:
	E-Mail		
<b>CONTRACTING OFFICER</b>	Name:	Phone:	Fax:
	E-mail		

### PROPOSAL PREPARATION INSTRUCTIONS

**DOES YOUR PROPOSAL INVOLVE ANY OF THE FOLLOWING INSTITUTIONAL COMPLIANCE DATA? (check all that apply):**

- Human Subjects (*requires IRB approval prior to proposal submission*)
- Animal Subjects (*requires special arrangements through the DOR prior to proposal submission*)
- Special Cost Sharing (*provide detail, justification, source of cost sharing*)
- Matching Funds (*provide detail, justification, source of cost sharing*)
- Building or Lab Renovations and/or Alterations (*requires work estimates from Clarkson Physical Plant*)
- Radioactive Materials (*provide explanation*)
- Recombinant DNA (*provide explanation*)
- Purchase of equipment more than \$5,000 per unit (*provide explanation/justification*)
- Clarkson Computing Facilities
- Tuition Waiver (*only if not requesting 10 credit hours tuition/student/year*)
- Use of Clarkson Facilities to host a workshop/conference (*provide explanation of facilities needed*)
- Subcontract (*provide endorsed budget and contact information*)
- Consultants (*requires a consulting agreement and breakdown of costs*)
- Patents/Intellectual Property (*requires special application negotiations with University Administration*)
- Conflict of Interest (*requires special University reporting*)
- Other (*provide explanation*)

**COMMENTS/JUSTIFICATION FOR INSTITUTIONAL APPROVAL**

*(ATTACH APPROVALS FROM APPROPRIATE ADMINISTRATIVE OFFICIALS IF APPLICABLE):*

**CENTERS ALLOCATION:**

(If you would like all or any portion of your proposal to be associated with one or more of the University Centers, indicate the percentage to be associated below):

**CAMP:                      CCE:                      CARES:                      CREST:                      CSES:**

**BUDGETARY COMMENTS FOR DOR INFORMATION/ACTION:**

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**BUDGET DATA:**

<b>Total Direct Costs:</b>	
<b>Proposed Indirect Costs:</b>	
<b>Proposed Indirect Cost Rate:</b>	
<b>Base Amount:</b>	
<b>Negotiated Rate:</b>	

**INDIRECT COST BASE:**

- MTDC (MODIFIED TOTAL DIRECT COSTS)
- TDC (TOTAL DIRECT COSTS)
- SWFB (SALARIES, WAGES, AND FRINGE BENEFITS)
- FEE (ALL OTHER)
- NONE

**TYPE OF REVIEW:**     Standard     After-the-Fact

**NUMBER OF COPIES:**

**PENDING EFFORT:**

Inv	Name	Pending Effort					
		FY	FY	FY	FY	FY	FY
<b>PI:</b>		SU	SU	SU	SU	SU	SU
		AY	AY	AY	AY	AY	AY
<b>CoPI1:</b>		FY	FY	FY	FY	FY	FY
		SU	SU	SU	SU	SU	SU
		AY	AY	AY	AY	AY	AY
<b>CoPI2:</b>		FY	FY	FY	FY	FY	FY
		SU	SU	SU	SU	SU	SU
		AY	AY	AY	AY	AY	AY
<b>CoPI3:</b>		FY	FY	FY	FY	FY	FY
		SU	SU	SU	SU	SU	SU
		AY	AY	AY	AY	AY	AY
<b>CoPI4:</b>		FY	FY	FY	FY	FY	FY
		SU	SU	SU	SU	SU	SU
		AY	AY	AY	AY	AY	AY
<b>CoPI5:</b>		FY	FY	FY	FY	FY	FY
		SU	SU	SU	SU	SU	SU
		AY	AY	AY	AY	AY	AY

**PROPOSAL TYPE and TOPICS**

<p>Project Type:</p> <p>Research Topic #1:</p> <p>Research Topic #2:</p> <p>Research Topic #3:</p>
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