**GRANT PROPOSAL CLEARANCE FORM**

**The Cooper Union**

**Please complete this form by filling in the grey text boxes and attach a project description with detailed budget. Once completed send to** **research@cooper.edu****.**

*To ensure that there will be enough time to fix any problems of a technical nature which may arise, and ensure that your proposal is submitted in a timely fashion, the Office of Institutional Giving and Sponsored Projects requires that all completed proposals to be submitted through Grants.gov be sent to the Office of Institutional Giving and Sponsored Projects two working days in advance of the actual submission day, and be notified 2 weeks in advance of the grant deadline.*

**Project Title**

**Principal Investigator/Project Director (s)**

**Department (s)**  **School**

**Office Number**  **Cell Number**

**Granting Agency**

**How did you learn of this grant opportunity?**

**Deadline for Submission:**

**BUDGET**

**Project Dates:** Start       End       Total # of years

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Funds Requested:** |  | **Direct Costs** |  | **Indirect Costs** |  | **Total** |
| Year 1 | $ |       | $ |       | $ |       |
| Year 2 | $ |       | $ |       | $ |       |
| Year 3  | $ |       | $ |       | $ |       |
| Year 4  | $ |       | $ |       | $ |       |
| Year 5  | $ |       | $ |       | $ |       |
| Total Project | $ |       | $ |       | $ |       |

If this requires a **Subrecipient** (subcontractor or subawardee), please indicate total amount to subrecipient(s):

**Cost Sharing:**

Granting agency requires       % cost sharing (discuss with IGSP first)

[ ]  In-kind match $       give budgeted amount for each year

[ ]  Matching funds (cash) $

Cooper Union Budget Indices from which all matching funds or cost sharing will be drawn:

*NOTE: Approval of dean and VP of Finance is required as to the availability of these institutional funds/services, as indicated by their sign off on this form, or approval by email.*

**Indirect Cost:**

If you have not requested the full Cooper Union Indirect Cost Rate (or Overhead)

45% of direct costs give reason:

[ ] Granting Agency limits Indirect Cost to       %

[ ] Granting Agency will not provide any Indirect Cost

[ ] Other (explain)

*I understand that salaries and benefits in sponsored project budgets may be estimates or projections, and in multi-year proposals, 2% raises should be included. Actual salaries paid and benefits must conform to personnel policy.*

Check all that apply to this proposal:

[ ]  Creation of new academic programs?

[ ]  Hiring of additional personnel?

[ ]  Student hire? If so how many students (undergraduate, graduate, post-doc) do you estimate that you will be hiring?

[ ]  Equipment purchase requiring installation and/or maintenance costs?

[ ]  New or renovated facilities?

[ ]  Human subjects review required? (IRB Approval Required).
[ ]  Certification of animal care and use protocol required? (IACUC Approval Required).

[ ]  Legal Review (e.g., consultants, subcontracts, intellectual property)?
[ ]  Use or shipment of “hazardous materials”? (If yes, indicate here, and contact the Cooper-designated person

prior to doing so)

**Time & Effort Information:**

For each faculty and staff participant, give:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **Academic Year****% time on project** |  | **Summer****% time / # months** |  | **Staff External Funding****% time / # months** |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |

**CERTIFICATIONS BY PRINCIPAL INVESTIGATOR**

**Time and Effort:** I understand that I will not be devoting more than 100% of my regular contractual time to the total of my teaching, sponsored research/training and administrative duties, except for special circumstances in which the donor agency allows, and Cooper permission is obtained, for such an arrangement.

**Lobbying :** The undersigned certifies, to the best of his or her knowledge and belief, that: No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

**Intellectual property:** I understand that sponsored research/training are subject to Cooper Union’s Intellectual Property/Copyright Policy (including royalty sharing), CURRENTLY IN DEVELOPMENT AND FOUND HERE.

 Date:

Signature of Principal Investigator

 Date:

Signature of Co-Investigator

 Date:

Signature of Co-Investigator

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\*Department Chair Date:

\*Dean Date:

\*VP Finance Date:

\*Signatures to be obtained by Principal Investigator prior to submission of budget to Sponsored Projects. OSP will accept approvals via email.

SAO Date:

# .

Institutional Giving Date:

***APPENDIX A***

***For Principal Investigators and Co-Investigators of NSF, NIH & OTHER PHS[[1]](#footnote-1) Proposals and Grants Only***

***DEFINITION OF SIGNIFICANT FINANCIAL INTEREST***

***EFFECTIVE November 15, 2018***

*For purposes of The Cooper Union’s Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects, the term “Significant Financial Interest” includes any of the following interests of the disclosing individual (and those of the disclosing individual’s spouse and dependent children) that reasonably appear to be related to the disclosing individual’s responsibilities to The Cooper Union (e.g., teaching, research, research consultation, professional practice, institutional committee membership, service on panels such as Institutional Review Boards):*

*• With regard to any publicly traded entity, a Significant Financial Interest exists if the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure and the value of any equity interest (including any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value) in the entity as of the date of disclosure, when aggregated, exceeds $5,000.*

*• With regard to any non-publicly traded entity, a Significant Financial Interest exists if the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure, when aggregated, exceeds $5,000, or when the disclosing individual (or the disclosing individual’s spouse or dependent children) holds any equity interest (including any stock, stock option, or other ownership interest) in the entity.*

*• Intellectual property rights and interests (e.g. patents, copyrights), upon receipt of income related to such rights and interests.*

*• The occurrence of* *any reimbursed or sponsored travel (i.e.**,* *that which is paid on behalf of the* *disclosing individual and not reimbursed to the disclosing individual so that the exact monetary value may not be readily available).*

*Notwithstanding the foregoing, the term Significant Financial Interest does not include:*

*• Salary, royalties or other remuneration from the Cooper Union if the disclosing individual is currently employed or otherwise appointed by the Institution, including intellectual property rights assigned to the Cooper Union and agreements to share in royalties related to such rights.*

*• Income from investment vehicles, such as mutual funds and retirement accounts, as long as the disclosing individual does not directly control the investment decisions made in these vehicles.*

*• Income from seminars, lectures or teaching engagements sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001 (a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.*

*• Income from service on advisory committees or review panels for a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001 (a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.*

*• Travel that is reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.*

***Appendix B***

***CITI Training***

***For Principal Investigators and Co-Investigators of NIH & NSF Proposals and Grants Only***

As of February 2015, to be in regulatory compliance with grants to The Cooper Union from the National Science Foundation (NSF) and the National Institutes of Health (NIH), The Cooper Union will use the regulatory compliance modules provided by the Collaborative Institutional Training Initiative (CITI). To begin CITI training, go to this link to register: (<https://www.citiprogram.org>). All NSF and NIH grantees are required to take the following:

1. **Responsible Conduct of Research (RCR) Course.**
2. All those conducting Human Subjects Research are required to take the **Human Subjects Course and the Refresher Course** every three years. Certificates must be obtained prior to beginning the project.
3. **Conflicts of Interest (COI) Course** certification every three years starting November 2018, and present to Sponsored Projects a Certificate of Completion.

**Conflict of Interest :** I certify that I have read The Cooper Union’s Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects. I certify that I have no Significant Financial Interests as defined in the Policy or that I have presented Significant Financial Interests on the attached pages. For NIH Principal Investigators there is a tutorial at <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm> for additional information.

Principal Investigators are responsible for ensuring that there are no conflicts of interest and that all students and postdoctoral fellows involved in conducting their research are certified by CITI.

***Appendix C – (Exhibit II in*** The Cooper Union ***Policy and Procedures on Financial Conflict of Interest)***

***For Principal Investigators/Co-Investigators of NIH, NSF and other PHS[[2]](#footnote-2) Proposals and Grants Only***

The Cooper Union

***Significant Financial Interest Disclosure Form***

*(To be used for initial and annual disclosures and also whenever a* *new Significant Financial Interest arises.)*

1. *I have read and understand* The Cooper Union*’s Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects**.* ***[ ] YES*** *[ ]* ***NO***

1. *Do you, and/or your spouse and/or dependent children, have any of the following “Significant Financial Interest(s)” within the meaning of the Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects as set forth in the attached Appendix A?*

*With regard to any publicly traded entity, the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure and the value of any equity interest (including any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value) in the entity as of the date of disclosure, when aggregated, exceeds $5,000.* ***[ ] YES*** *[ ]* ***NO***

*With regard to any non-publicly traded entity, the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure, when aggregated, exceeds $5,000.*

 ***[ ] YES***  *[ ]* ***NO***

*With regard to any non-publicly traded entity, holding any equity interest (including any stock, stock option, or other ownership interest) in the entity.* ***[ ] YES***  *[ ]* ***NO***

*Intellectual property rights and interests (e.g. patents, copyrights), upon receipt of income related to such rights and interests.* ***[ ] YES***  *[ ]* ***NO***

*The occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the disclosing individual and not reimbursed to the disclosing individual so that the exact monetary value may not be readily available).* ***[ ] YES***  *[ ]* ***NO***

*If yes, please provide* *details, including:*

* *With respect to remuneration from, or any equity interest in, any publicly-traded or non-publicly traded entity, the name of the entity, and type and value of remuneration and/or equity interest;*
* *With respect to intellectual property rights and/or interests (e.g. patents, copyrights), the nature of such interests and the nature of any income derived therefrom; and/or*
* *With respect to externally- reimbursed or sponsored travel,* *the purpose of the trip, identity of the* *reimbursing or sponsoring organization**, the destination and the duration**.*

***Signature*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Printed Name*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Date*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***VP Development and Alumni Affairs*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Date*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. PHS (Public Health Service): Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Centers for Medicare and Medicaid Services, Indian Health Service, Office of the Assistant Secretary of Health, Office of the Secretary, Program Support Center, Substance Abuse and Mental Health Services Administration, and Office of the Assistant Secretary for Preparedness and Response. [↑](#footnote-ref-1)
2. PHS (Public Health Service): Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Centers for Medicare and Medicaid Services, Indian Health Service, Office of the Assistant Secretary of Health, Office of the Secretary, Program Support Center, Substance Abuse and Mental Health Services Administration, and Office of the Assistant Secretary for Preparedness and Response. [↑](#footnote-ref-2)