

Notice: No proposals will be institutionally authorized for submission without this form's completion. This form must be completed for all grants and contracts including continuations and extensions. It must be completed annually, including multi-year contracts and awards.

I. INVESTIGATOR DATA

PROPOSAL SUMMARY / APPROVAL FORM

Form revision: 01/2023

Submit to OSP at least 2 weeks prior to proposal deadline.

Form required to submit proposal and again before each year of a continuation award.



PI:	
Co-PI:	

Phone:	Dept:	Email:
Phone:	Dept	Email:

II. PROJECT INFORMATION

Proposal Type	Project Activity
Title	
Sponsor Name	Sponsor Type
Proposal Due Date:	
What is the planned project start date?	How many years will the project run if funded?

III. PROJECT ABSTRACT (1,500 character limit) (please include number of students affected by this proposal, if any)

IV. REGULATORY & INSTITUTIONAL ISSUES

Does the proposal involve or require any of the following?

	Yes	No		Yes	No
* Human Research Participants	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Travel / Foreign Collaborators	<input type="checkbox"/>	<input type="checkbox"/>
* Laboratory Animal Care	<input type="checkbox"/>	<input type="checkbox"/>	Plan to host project-related events at RIC? There may be a charge for grant funded events	<input type="checkbox"/>	<input type="checkbox"/>
* Any Biosafety Level (BSL) 1 or higher material, or work involving recombinant DNA	<input type="checkbox"/>	<input type="checkbox"/>	If yes, new biweekly personnel position(s) must be approved (new full-time position / hire(s) with benefits needed?) Grant funded positions terminate when the grant award period ends. Please contact Human Resources for an approved Job Description. Signatures of HR representative must be on this form.	<input type="checkbox"/>	<input type="checkbox"/>
* If yes to any above, have you submitted for IRB, IACUC, or IBC committee review?	<input type="checkbox"/>	<input type="checkbox"/>	Building alterations (renovations, new construction or more space required?)	<input type="checkbox"/>	<input type="checkbox"/>
Patentable / proprietary information? If so, please mark such info as confidential.	<input type="checkbox"/>	<input type="checkbox"/>	Does your proposed grant/contract program include the development and/or offering of a new or continuing certificate program, whether credit or non-credit bearing? If yes, signatures of your chair and Jenifer Giroux (PSCE) must be on this form.	<input type="checkbox"/>	<input type="checkbox"/>

Rhode Island College participates in the National Science Foundation (NSF) Research and Development Survey, a census of expenditures by field of research/source of funds and R&D head headcount. Please select only one:

Basic Research

Experimental or theoretical work undertaken primarily to acquire new knowledge of the underlying foundations of phenomena and observable facts, without any particular application or use in view.

Applied Research

Original investigation undertaken in order to acquire new knowledge. It is directed primarily towards a specific, practical aim or objective.

Experimental Development

Systematic work, drawing on knowledge gained from research and practical experience and producing additional knowledge, which is directed to producing new products or processes or to improve existing products or process.

Are you or any other personnel requesting course offload/release time? Yes No *If yes, complete table. Attach more info if needed.* The RIC/AFT Collective Bargaining Agreement specifies that, "No academic year faculty shall receive as extra compensation, exclusive of summer session and department chairperson stipend, any more than 20 percent of his/her academic year salary in any single academic year and normally may not carry more than four (4) formula hours outside of load in any semester." Consistent with Appendix D of the Collective Bargaining Agreement, academic year faculty may not carry more than 24 load hours of overload over the two years of the contract, except under extraordinary circumstances and with the prior approval of the dean and Provost/VPAA. This limit is exclusive of summer session and the department chair formula hours and applies to all full-time faculty at the college.

Name of Faculty	# of load hours	During which semester(s)?	Supported by grant
			In grant budget <input type="checkbox"/> not In grant budget <input type="checkbox"/>
			In grant budget <input type="checkbox"/> not In grant budget <input type="checkbox"/>

Grant funded positions terminate when the grant award period ends.

V. BUDGET INFORMATION:

PLEASE COMPLETE THE ATTACHED BUDGET PAGE.

Call OSP (x8228) if you have questions.

The proposed F&A/Indirect cost rate above is _____ % of _____

Is this the maximum F&A rate allowed by the sponsor? Yes No

(if voluntarily reducing RIC's F&A rate below standard/sponsor rate, attach justification.)

If no F&A, operating cost chargebacks (room rental & other college fees) represent _____ % of the total project budget.

VI. APPROVALS AND CERTIFICATIONS *The undersigned certify that neither the PI nor anyone proposed to work on this project are, to the best of their knowledge, excluded from participation in Federally funded activities as a result of government-wide suspension or debarment.*

Conflict of Interest: I certify by my signature below that I, and every individual meeting the definition of Investigator (see next page), have completed the Conflict of Interest Investigator Financial Disclosure Statement. **The CITI certificate of completion for Financial Conflict of Interest (COI) online training is attached here or on file with OSP.**

Responsible Conduct of Research: I certify by my signature below that **I and all Senior Personnel (see attached budget page) have completed the Responsible Conduct of Research (RCR) online training through CITI.** The CITI certificate of completion is attached here or on file with OSP. **Any students funded through this research will complete the CITI training. Their names will be provided to ORGA for verification of completion.**

Principal Investigator: By signing below, I certify (1) that the information submitted within the application is true, complete and accurate to the best of the of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the scientific conduct of the project and all areas of compliance. I will provide required progress reports if a grant is awarded as a result of this application. I agree to abide by college and sponsor policies and procedures in the performance of the grant award should my application be funded.

Notice: No proposals will be institutionally authorized for submission without this form's completion. This form must be completed for all grants and contracts including continuations and extensions. It must be completed annually, including multi-year contracts and awards.

VIII. SIGNATURES

Collect signatures in number order below. OSP (207 Yellow Cottage) will secure signatures from #4 to completion.

1. PI Signature **Date**
(certifies that all information is true and correct/
assumes grant management and oversight responsibility)

2. Department Chair/Director **Date**
(supports application/approves course offloads and proposed
effort/special departmental requests)

1a. Co-PI Signature(s) **Date**
(certifies that all the information is true and correct)

2a. Department Chair(s)/Director(s) for Co-PI(s) **Date**
(supports application/approves course offloads and proposed
effort/special departmental requests)

3. School/College Dean **Date**
(supports application/ reviews sponsor budget and cost-share
budget/approves course offload requests/approves special
departmental requests)

3a. School/College Dean(s) for Co-PI(s) **Date**
(supports application/reviews sponsor budget and cost-share budget/
approves course offload requests/approves special departmental
requests)

4. Director, Office of Sponsored Programs **Date**
(reviews form for accuracy/insures approvals and certifications/
reviews budget, including cost-share, for accuracy/reviews compliance
issues/certifies to conflict of interest)

5. Budget Director **Date**
(reviews new and current FTE position requests/reviews requested
cost-share budget/reviews personnel cost estimate)

6. VPAF/Controller **Date**
(reviews F&A rate and related support/cost-share commitment)
cost-share budget/ reviews personnel cost estimates)

7. Vice President (other than VPAA) as appropriate
(supports application and alignment with academic mission/
reviews cost share/reviews course offloads and proposed effort)

8. Provost/VPAA **Date**
(supports application and alignment with academic mission/
reviews cost-share/reviews course offloads and proposed
effort)

Additional signatures:

Director Human Resources

AVP, Professional Studies and Continuing
Education

Rhode Island College

IX. Conflict of Interest – Investigator Financial Disclosure Statement

I certify that I have read the Financial Disclosure Policy on the Rhode Island College Office of Sponsored Project's (OSP) website [OSP Policies and Procedures_0.pdf \(ric.edu\)](#) which is effective for all external proposals submitted through the College. I have completed The Financial Conflict of Interest online training through CITI. A copy of the CITI completion certificate is attached or on file with OSP.

I certify to the best of my knowledge that neither I, nor my spouse, partner, or dependents hold any significant financial interests that would reasonably be affected by the research, educational or creative activities proposed for, or currently supported by external funding, or in any entities whose financial interests would reasonably be affected by such activities.

I have relationships, affiliations, activities, or interests (financial or otherwise) which constitute potential conflicts under federal conflict of interest regulations. I have submitted a completed Financial Disclosure Form <https://www.ric.edu/departments-directory/office-sponsored-programs/osp-forms-templates> to the college's Research Integrity Officer (RIO – Provost/VPAA) for any potential conflicts that may be Significant Financial Interests. If any situations arise, of which I am aware, that are contradictory in any way to the above statement, I will immediately notify the RIO and make full disclosure of any conflict, real or potential.

Name: _____
Title of Proposal: _____
Sponsor: _____
Investigator Signature: _____ Date: _____
RIO Designee Signature: _____ Date: _____

Investigator is the project director/principal investigator and any other person(s), regardless of title or position, responsible for design, conduct or reporting of externally funded research or proposing such funding. Regulations apply to collaborators, consultants, post-doctoral fellows, graduate students and others, as well as any individual meeting definition of "investigator" at awardee and subrecipient organizations. **Each individual meeting this definition of investigator must complete this Financial Disclosure Statement.**

Exclusions:

The 2011 revised regulation modifies the types of interests that are specifically excluded from the Significant Financial Interest definition. Exclusions are:

- salary, royalties, or other remuneration paid by the Institution to the Investigator if the Investigator is currently employed or otherwise appointed by the Institution;
- intellectual property rights assigned to the Institution and agreements to share in royalties related to such rights;
- any ownership interests in the Institution held by the Investigator, if the Institution is a commercial or for-profit organization;
- income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator 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 in 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, or 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.