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***OFFICE OF RESEARCH (OR)***

**ACCOUNT APPROVAL FORM**

**FOR NEW AND ADDED FUNDING**

Congratulations on your achieving this new external funding for conducting research and/or training, and civic engagement. We are ready to assist you in getting started with your new project. The first step is to fill out this form in order to give us the information needed for us to assist you. Attach **a copy of the proposal, award document and approved budget**. Please submit to The Office of Sponsored Research (see contact information, below). For your information, your OSR database proposal number (primary key) is \_\_\_\_\_\_\_\_.

Part A Please Fill Out.

Full Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus: \_\_\_\_\_\_\_\_\_

Dept(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus: \_\_\_\_\_\_\_\_\_

Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funder Contact:

**Funder Type**

**Government:**

 **\_\_\_ Federal**

 **\_\_\_ State**

 **\_\_\_ Local**

**\_\_\_ Foundation**

**\_\_\_ Corporation**

Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CFDA Number (Given in Award Letter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applies to federal Funds –Direct and Pass-Through)

Renewable (y/n)? \_\_\_\_\_\_\_\_\_\_\_\_\_ Renewal Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Project Dates: Start: \_\_\_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_\_\_\_

PI Progress Report Due Date (s): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Financial Report Due Date (s): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Award Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indirect Costs Awarded: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding to Pace: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subcontracts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matching: $ \_\_\_\_\_\_\_\_\_\_\_ Source of Match (Pace Account No.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method and Frequency of Reimbursement of Project Expenses to Pace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is a renewal, supplemental or additional funding, give existing

Pace Index No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B** **Please furnish a copy of the proposal, award document and approved budget with BANNER Account Codes. Your School Budget Representative can assist you with the BANNER Account Codes. Your School Budget Representatives are: Lynette Wailoo (Lubin), Clarissa Cylich (Dyson and Education), Susan Downey (Seidenberg), Cira Raciti (College of Health Professions) and Theresa Prestopino (Law).**

Comments, including Special Conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For multiple grants, you may need to re-allocate time & effort. Faculty are limited to three months summer salary for all projects; staff are limited to 100% time & effort for all projects.

Please list required time & effort information for all current projects and attach a copy of the information stated in the proposal for each paid faculty and *staff participant* of the funded project(s):

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Fiscal Year | Fiscal Year |
| Purpose | Name of Faculty or Staff | % of time on Project | % of time on Project |
| Faculty Summer Salary  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Academic Year Match  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Staff External Funding | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Academic Year / Budget Relief | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Name of Student(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hrs\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hrs\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hrs\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hrs\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hrs\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hrs\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hrs\_\_\_\_\_\_\_\_\_\_\_\_\_ # Hrs\_\_\_\_\_\_\_\_\_\_\_\_\_

***Use extra pages as needed.***

I understand that salaries and benefits in sponsored project budgets may be estimates or projections, and are subject to Pace personnel policy.

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 University permission is obtained, for such an arrangement.

I understand that University sponsored research/training are subject to Pace's Intellectual Property/Copyright Policy (including royalty sharing).

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator (P.I.) / Project Director (P.D.)

Date: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sponsored Research Approval to Open an Account

Mr. Eric Torres,

Director for Sponsored Research,

etorres@pace.edu, 163 William Street, 3rd floor

**OR**

Dr. Avrom Caplan,

Associate Provost for Research,

acaplan@pace.edu, 163 William Street, 3rd floor

E-mail to either:

**FOR NIH AND NSF AWARDS ONLY**

As of February 2015, to be in regulatory compliance with grants to Pace University from the National Science Foundation (NSF) and the National Institutes of Health (NIH), Pace University 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 February 2015, and present to Sponsored Research a Certificate of Completion.

**Conflict of Interest :** I certify that I have read Pace University’s Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects (Sponsored Research website, <http://www.pace.edu/provost/information-faculty-0/grant-policy-0/sponsored-research-economic-development-sred-0/policies-0/policy-financial-conflict-interes> under Policies), and summarized in Appendix A of this document and in the form in Appendix B (Exhibit II in Pace University Policy and Procedures on Financial Conflict of Interest). 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/archive/grants/policy/coi/tutorial/fcoi.pdf> for additional information.

Principal Investigators are responsible for ensuring that all students and postdoctoral fellows involved in conducting their research are certified by CITI.

I have a grant involving a **sub-recipient** (subcontractor or sub-awardee) who is a third-party organization that receives funding from Pace to collaborate in carrying out an externally funded program. Yes (  ) / No (  )

If yes, a subcontract to the sub-recipient is required, please contact Pace Legal Counsel. Pace University is responsible for monitoring the programmatic, financial, and conflict of interest (COI) status of its sponsored research award sub-recipients. Sub-recipient monitoring responsibilities are shared between the PI and the Grant Reporting and Compliance staff.

Ms. Diane Bynum in F&A has developed guidelines and procedures to address institutional responsibilities and to assist responsible faculty and staff in ensuring that sub-recipients conduct their portions of research projects in compliance with regulations and that their expenses are reasonable and allowable.

*Questions on this form and/or procedures?*  In all correspondence with the Office of Research, please be sure to copy Associate Provost Avrom Caplan acaplan@pace.edu, Eric Torres etorres@pace.edu, and Elina Bloch ebloch@pace.edu, so as to insure a rapid reply.