



PROJECT PROPOSAL FORM

RISD Research

Proposal Type: New Pre-proposal Renewal Revision Continuation Supplement
Activity Type: Research Instruction/Training Equipment Travel Partnered Research Project

PROPOSAL INFORMATION

Name Phone Fax E-mail Address

Principal Investigator Co-Principal Investigator Personnel Status: Full-time/Part-time

Name Phone Fax E-mail Address

Principal Investigator Co-Principal Investigator Personnel Status: Full-time/Part-time

Sponsor/Agency Original Sponsor (If sub-award/subcontract) Submission Deadline

Proposal Title

ASSURANCES/COMPLIANCE

Does the project involve:

Yes No
 Additional Space
 Purchase of Equipment
 Consultants
 Biohazards
 Animals
 Human Subjects

Does the project include:

Yes No
 Subcontracts
 Course Release
 Additional Personnel

If yes, Approved Approving institution: _____
Approval Date: _____
Protocol #: _____
or Pending Date Submitted: _____
or Exempt Exemption #: _____

BUDGET INFORMATION

The information below to be completed by RISD Research:

Budget First Period Total Project Period
Start Date _____ Indirect Cost Rate: _____ %
End Date _____ Indirect Cost Base: MTDC TDC Salaries & Benefits
Direct Costs _____ Waiver None Allowed
Indirect Costs _____ Administrative Allowance/Fee: _____
Total Costs _____

Cost-Sharing: Is there cost-sharing on this project? Yes No If Yes, Required by Sponsor Voluntary
What is the amount of total cost sharing? \$ _____ Account No. for cost sharing: _____

Subcontract(s)

Name of School(s) _____

Statement(s) of Work Budget(s) Budget Justification(s) F&A Rate Agreement(s) Letter(s) of Intent

Signature of Director of Academic Budgets & Resources: _____

APPROVALS / COMPLIANCE SIGNATURES

Biohazards Yes No

If yes, complete the following. If no, no signature is required.

Describe use of: _____

Signature Environmental Health & Safety Manager: _____

Date _____

Additional Space

Describe: _____

Additional personnel

Describe: _____

Position/Title: _____

Hrs/week: _____ (circle one) Full-time /Part-time /Temp.

Signature Dean of Faculty Department _____ **Date** _____

Consultants

Describe: _____

Is there a consultant agreement on file for this individual? Yes No

APPROVALS / CERTIFICATIONS

Intellectual Property Policy: The Principal Investigator and Co-Principal Investigators involved in this project have read RISD's Intellectual Property Policy and will adhere to the conditions set forth within said policies.

Responsible Conduct of Research Policy: The Principal Investigator and Co-Principal Investigators involved in this project have read RISD's RCR Policy regarding the training requirement of all personnel, including students paid on NSF grants and will adhere to the conditions set forth within said policy.

Conflict of Interest Policy: The Principal Investigator and Co-Principal Investigators have read and understand RISD's policy on Conflict of Interest, have made all required disclosures and will comply with any conditions or restrictions imposed by RISD to manage, reduce or eliminate conflicts of interest.

Signature Principal Investigator(s): _____ Acknowledgement of above policies? Yes No

By my signature below, I attest that I have reviewed and approved this proposal:

Signature Department Head(s): _____ Date: _____

Signature Director of External Grants: _____ Date: _____

Signature Vice Provost: _____ Date: _____