

PI College Dept ☐ Includes Cost-Share
(If so, see page 5)

Proposal Title

Start Date End Date Deadline Submission Type ☐ New ☐ *Revised
Proposal or PRF ☐ Award
Supplement ☐ Pre-proposal
*Original SRS Prop #Activity Type ☐ Research ☐ Instruction ☐ Public Service ☐ Student Services ☐ Academic Support ☐ Inst SupportSponsor Prime Sponsor Prog Name Prog # CFDA #

Other Organizations (Subrecipients, Third Party Cost-Shares, Collaborating Organizations)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RIT Senior Personnel (Attach the PRF Personnel Supplement if additional space is needed)

Role	Name	College	Department
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Public Abstract A non-confidential, non-technical description of the the work to be conducted at RIT. Available to the RIT community.

Policy & Procedure Items

Resources - If you answer yes to any of the questions, please use the Additional Comments section below to provide a brief explanation

Yes No

☐ ☐ R1. Proposed activities require Additional Space, Additional Resources, and/or Equipment Installation

☐ ☐ R2. Proposed activities require Construction or Renovation

☐ ☐ R3. Project involves significant Curriculum Development activities

☐ ☐ R4. Project utilizes CCRG, LSC, NPRL, or SMFL Laboratory Facilities (If Yes, indicate which Labs)

☐ CCRG ☐ LSC ☐ NPRL ☐ SMFL

Budget

Yes No

☐ ☐ B1. The Principal Investigator designates that the proposed project's activities occur under one of the following Research or SIRA Centers (Select one) [More](#)

Research Centers

SIRAs

☐ AMPrint ☐ CASTLE ☐ CCRG ☐ CFD ☐ DIRS ☐ LAMA ☐ MAGIC ☐ NPRL ☐ FGWA ☐ FPI ☐ PHCT ☐ Cyber ☐ UAS

☐ ☐ B2. Sponsor requires Limitation of Indirect Costs (If Yes, please describe the restriction)

☐ ☐ B3. Sponsor requires Cost-Sharing (If Yes, please describe the requirement)

☐ ☐ B4. Student Effort is included in the budget

Compliance

Yes No

☐ ☐ C1. Researchers or their family members have Financial Interests in an organization sponsoring, collaborating, or providing goods or services for the project. If yes, these interests must be disclosed in the RIT Conflict of Interest System (COI). [More](#)

-Additionally, if this proposal involves PHS funding PIs and Co-PIs must update Part III of the RIT COI prior to submission

☐ ☐ C2. Proprietary or Privileged Information is contained in the proposal

☐ ☐ C3. Project involves Human Subjects Research [More](#)

☐ ☐ C4. Project involves the use of Laboratory Animals

☐ ☐ C5. Hazardous Materials, Radiation, or Lasers will be Used or Produced

☐ ☐ C6. Project involves potential Biosafety issues, including the use or production of Biohazards, Pathogens, Select Agents, Recombinant DNA, or Genetically Modified Organisms. [More](#)

Subrecipient(s) - Organizations that will receive a grant or contract from RIT stemming from an award

Yes No

☐ ☐ S1. The proposal has a subrecipient component? If YES, for each subrecipient organization, attach a Statement of Work, a detailed budget, a budget justification, and a signed letter of commitment from an authorized institutional representative of the subawardee organization(s). [More](#)

Additional Comments

R·I·T EXPORT CONTROL PROJECT CHECKLIST

INVESTIGATOR FORM

Please complete and sign the checklist below. If any of the requested information is not known at this time, Sponsored Research Services will request the missing information in the event of an award.

Please be advised that **an account will not be released, and work may NOT begin on a project, until the Office of Legal Affairs has received a completed Export Control Checklist and made a determination on the Export Control status of the project.**

Principal Investigators must immediately notify the Office of Legal Affairs of any changes to the information provided below.

PI Lead Dept

Proposal Title

Start Date End Date Deadline

Sponsor Prime Sponsor

Yes No

☐ ☐ 1. Research is not funded by an Outside Sponsor, **and** the PI or RIT intends to withhold research results for proprietary reasons and/or not share the research results in the scientific community.

☐ ☐ 2. Project involves existing equipment, technology, data, or services which are necessary to conduct the research and which you have previously received, expect to receive, or intend to request access to from a Sponsor or Research partner. (If yes, please describe the technology, data, or services.)

☐ ☐ 3. Project involves equipment, technology, data or services which were previously developed by RIT as part of a sponsored research project, or which are subject to an RIT, Sponsor, or Research Partner Technology Control Plan (TCP). (If yes, please provide a description and the SRS Proposal Number of the prior project).

☐ ☐ 4. Project involves acceptance of equipment, technology, data, or services which are labeled or identified as "export controlled" by the Sponsor or other provider.

☐ ☐ 5. Project involves source code for encrypted software (other than publicly available software distributed at no charge).

☐ ☐ 6. Project involves information or software that could be used for military applications.

☐ ☐ 7. Project involves information or software that could be used in development of weapons of mass destruction (nuclear, biological, chemical) or their delivery systems.

PI Signature

X

Date

Budget

Performance Location	MTDC	University IDC Rate	Applied IDC Rate	IDC Underrecovery

	Direct Costs	Indirect Costs	Total Costs	Special Distribution of College IDC	
				College	Percent
Sponsor Request					
Cost-Sharing (from page 5)					
Project Total					

Approval & Commitment Signatures

Sponsors require that a principal investigator be responsible for the award's programmatic and financial outcomes. In the event this award is funded, the project will be set-up in the Oracle financial system in a department under the control of the PI within the appropriate Department/College/Division. By signing this document, you are delegating signatory authority to the principal investigator to approve documents in order to initiate a transaction which constitutes a commitment between the University and a non-University party. This delegation is up to the University's standard limit for principal investigators which is currently \$10,000.

MY SIGNATURE BELOW ATTESTS THAT 1) I have **Reviewed** the attached Proposal and **Approved** it for Submission to the Sponsor; 2) I agree to **Commit the Resources** described within for which I am responsible; 3) I agree to **Comply** with all applicable RIT, Government, and Sponsor Policies in the conduct of this project; and 4) I agree to **Perform** the Responsibilities pertinent to my role on this project.

PI/Co-PI/Sr Person

Dept Head/Director

Dean

X	X	X
Date	Date	Date
X	X	X
Date	Date	Date
X	X	X
Date	Date	Date
X	X	X
Date	Date	Date
X	X	X
Date	Date	Date
X	X	X
Date	Date	Date

X	X
SRA	Authorized Institutional Official
Date	Date

This form is required if the project includes Cost-Sharing. It must be accompanied by the Proposal Budget and pages 1-3 of the Proposal Routing Form for Cost-Sharing approvals. Attach the PRF Cost-Sharing Approval Supplement if additional space is needed.

PI		Lead Dept	
Proposal Title			
Start Date		End Date	
		Deadline	
Sponsor			
Sponsor Request	Direct Costs	Indirect Costs	Total Costs
	Appl IDC Rate	IDC Underrecovery	

Tuition Remission for Master's Students (only when required by Sponsor)

Academic Year						Approver Signature & Date
Number of Students						
Amount Requested						
Comments					Total Costs	Title

Cost-Share Source 1

Cost-Share Type		Source Type		Source Name	
Purpose, Amounts & Rationale					Approver Signature & Date
<input type="checkbox"/> Cash	Direct Costs	Indirect Costs	Total Costs	Name	
<input type="checkbox"/> In-Kind				Title	

Cost-Share Source 2

Cost-Share Type		Source Type		Source Name	
Purpose, Amounts & Rationale					Approver Signature & Date
<input type="checkbox"/> Cash	Direct Costs	Indirect Costs	Total Costs	Name	
<input type="checkbox"/> In-Kind				Title	

Cost-Share Source 3

Cost-Share Type		Source Type		Source Name	
Purpose, Amounts & Rationale					Approver Signature & Date
<input type="checkbox"/> Cash	Direct Costs	Indirect Costs	Total Costs	Name	
<input type="checkbox"/> In-Kind				Title	