

**1.0 FACE SHEET**  
**PRINCIPAL INVESTIGATOR (PI) INFORMATION**

NAME/RANK:  
SCHOOL/DEPT:  
UNIV ADDRESS:  
MAIL CODE:  
PHONE NUMBER:  
EMAIL ADDRESS:

Co-PI (if applicable)

NAME/RANK:  
SCHOOL/DEPT:  
PHONE NUMBER:  
EMAIL ADDRESS:

Co-PI (if applicable)

NAME/RANK:  
SCHOOL/DEPT:  
PHONE NUMBER:  
EMAIL ADDRESS:

PROJECT TITLE (limit to 85 characters):

REQUESTED AMOUNT: \$

*In which proposal category is funding sought? Please indicate 1 or 2:*

1. Require start-up funds & have a high probability of external agency funding.  
 2. Expectation of additional external support may be limited.

*Have you received as PI or Co-PI a University Research Challenge Fund (URCF) or Emergency Research Challenge Fund (ERCF) award in the last five years?*

- Yes (complete section 7 of this application)  No

*Does PI and/or Co-PI have current and/or pending support from other sources, both internal and external?*

- Yes (complete section 3 of this application)  No

SUBJECTS: *Animals?*  Yes  No *If yes:*  Protocol Approved  Protocol Pending  
*Humans?*  Yes  No *If yes:*  Protocol Approved  Protocol Pending

## 2.0 CURRENT & PENDING SUPPORT

**PI** (full name):

Provide the information requested below for all current and pending support for PI and any Co-PI.

PI       Co-PI (Identify):

**Sponsor:**

**Project Title:**

**Project Period:**

**Total Award: \$**

**Role on Project:**

**Type:**  External     Startup     School/Dept Funding     Other (Identify)

**Status:**  Active     Pending     Planned

**Does this project overlap with the proposed URCF?**  Yes     No

If "yes," how?

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**Project Period:**

**Total Award: \$**

**Role on Project:**

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**Status:**  Active     Pending     Planned

**Does this project overlap with the proposed URCF?**  Yes     No

If "yes," how?

### 3.0 URCF / ERCF SUPPORT

**PI** (full name):

Complete this form only if the PI or any Co-PI has received research support from the URCF and/or the ERCF within the last 5 years. Use the format below for each award.

PI

Co-PI

What type of grant did you receive?  URCF  ERCF

This award was received by:  PI  Other Key Person:

Year awarded:

What were the research products?  book  publication  production  other

Describe:

Did this award lead to external funding?  Yes  No

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Year awarded:

What were the research products?  book  publication  production  other

Describe:

Did this award lead to external funding?  Yes  No

#### **4.0 Budget & Justification** (Form follows these instructions)

Please follow the instructions below to complete the Budget and Justification section of the Application Package.

Enter TEXT into yellow boxes and NUMBERS into grey boxes. If a text item is not applicable, enter N/A. If a numerical item is not applicable, enter a ZERO ("0").

If you find that the subtotals are not correct, try clicking on the white space anywhere inside the document. This allows the numbers you entered to be recognized by the .pdf calculations.

If you have any questions, please call the Office of Sponsored Programs at (212) 998-2121

##### **Headers**

Enter Department Name.

Enter "Department ORG number" for first PI in space provided at the top of the page. Department administrator will have this information.

#### **1. FACULTY & STAFF SALARIES**

Enter Names of PI and other employees in the yellow boxes.

The value of \$0.00 is displayed in the green "Amount Requested" column. This is intentional.

Please enter a NUMBER in each grey box. If the value is zero OR the category does not apply, please enter ZERO (0).

Automatically calculated dollar amounts will then replace the \$0.00 in the amount requested column.

The SUBTOTAL for Faculty & Staff Salaries is also automatically calculated.

#### **2. FRINGE BENEFITS**

Calculates automatically.

### **3. RESEARCH ASSISTANT SALARIES**

Please enter LUMP SUM amount requested for Research Assistants in the grey box. This amount must be a NUMBER.

Enter numbers in the two remaining grey boxes (number of RAs, number of months).

### **4. TUITION REMISSION**

Enter the RA salary in the appropriate grey box. This amount must be a NUMBER.

### **OTHER THAN PERSONNEL SERVICES (OTPS)**

For items 5-16, please enter a NUMBER in all applicable grey boxes. If the request for the item is zero or does not apply, enter ZERO ("0").

AUTOMATICALLY CALCULATED amounts will appear for Consultant Costs, Subject Incentives, and Subtotal OTPS Costs.

**TOTAL COSTS REQUESTED** is automatically calculated.

### **JUSTIFICATION**

Text is limited to the yellow space provided in the application package. Provide detail on all items as outlined in the guidelines. Note that requests for faculty compensation will be awarded in limited circumstances (junior faculty only) and must be strongly justified.

2009-2010-- 4.0 BUDGET AND JUSTIFICATION

DEPARTMENT NAME:

DEPARTMENT ORG #

Enter information in YELLOW or GREY fields only.  
Enter TEXT in YELLOW fields. Enter NUMBERS in All GREY fields.

Enter 5-digit expense code

PERSONNEL COSTS

Item		Description	Amount Requested
<b>1. FACULTY &amp; STAFF SALARIES</b>			
Name - PI			
	5   1   1   0   2	Base Salary (\$):	
		# of Summer Months? (0, 1, 2):	
Junior faculty only		PI costs (\$):	
Name - Co-PI	5   1   1   0   2	Base Salary (\$):	
		# of Summer Months? (0, 1, 2):	
Junior faculty only		Co-PI costs (\$):	
Name - Co-PI	5   1   1   0   2	Base Salary (\$):	
		# of Summer Months? (0, 1, 2):	
Junior faculty only		Co-PI costs (\$):	
Name - Research Scientist	5   1   1   0   3	Base Salary (\$):	
		# of Months(1-12):	
		% effort (as decimal):	
		Research Scientist costs (\$):	
Name - Student Assistant / Casual	5   1   1   1   9	Hourly Rate:	
		# of hours per week (1-35):	
		# of weeks (1-52):	
		Student Assistant / Casual costs (\$):	
Name - Other		Hourly Rate:	
		# of hours per week (1-35):	
		# of weeks (1-52):	
		Other costs (\$):	
<b>Subtotal, Faculty &amp; Staff Salaries:</b>			

<b>2. FRINGE BENEFITS</b>	5   1   1   7   0	@ 27.5% of Faculty & Staff Salaries	
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<b>3. RESEARCH ASSISTANT SALARIES</b>			
Name - Research Assistant			
	5   1   1   4   1	Number of RAs?:	
		Number of Months?:	
		Amount Requested (Lump Sum \$):	

<b>4. TUITION REMISSION</b>			
	5   1   1   7   3		
FAS / CIMS @ 37%		Enter RA Salary (\$):	
ALL OTHERS @ 51%		Enter RA Salary (\$):	
<b>Subtotal, Tuition Remission (\$):</b>			

<b>Subtotal, Personnel Costs (1 - 4):</b>			
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**OTHER THAN PERSONNEL SERVICES (OTPS)**

<b>5. Travel - Domestic</b>	6	5	5	1	0		
<b>5. Travel - Foreign</b>	6	5	5	2	0	<i>*Must be strongly justified; granted on exception basis only*</i>	
a. Air Fare							
b. Hotel							
c. Car Rental							
d. Ground Transportation							
<b>6. Consultant Costs</b>	6	0	4	5	5	Number of days? <input type="text"/>	
						Rate per day? <input type="text"/>	
<b>7. Subject Incentives</b>	6	0	4	7	5	Number of subjects? <input type="text"/>	
						Amount each receives? <input type="text"/>	
<b>8. Equipment</b>	6	2	1	0	0	<i>*Must be strongly justified; granted on exception basis only*</i>	
<b>9. Laboratory Supplies</b>	6	3	2	1	0		
<b>10. Software</b>	6	2	1	4	7		
<b>11. Telephone Charges</b>	6	5	5	5	2		
<b>12. Duplication</b>	6	3	1	0	9		
<b>13. Postage</b>	6	3	1	2	0		
<b>14. Other*</b>						Specify: <input type="text"/>	
<b>15. Other*</b>						Specify: <input type="text"/>	
<b>16. Other*</b>						Specify: <input type="text"/>	
<i>*Must specify item; will not be accepted if left blank</i>							
						<b>Subtotal, OTPS Costs (5-16):</b>	<input type="text"/>
						<b>TOTAL COSTS REQUESTED (\$):</b>	<input type="text"/>

**JUSTIFICATION**

**\*\* All text must remain within the YELLOW field. If cutting & pasting, please reformat to fit within the YELLOW field. \*\***