



**Synopsis: Application for Approval
For Research or Training Proposal Submission**

1. **Principal Investigator:** _____

2. **School/Department:** _____

3. **Collaborating Institution** (if any):
Subcontractor or Primary Recipient

4. **Project Title:** _____

5. **Agency/Sponsor:** _____

6. **Deadline:** mm/dd/yyyy
Receipt Postmark

7. **Grant/Contract #:** _____

8. **Type** (check one):
New
Renewal
Continuation
Supplement
Revised Budget
Transfer

9. Budget [for multi-year proposals, first or requested year only]		Start Date:	End Date:	Yr.	Of
SPONSOR	UNIVERSITY*	OTHER**	TOTAL		
Direct: \$0.00	Direct: \$0.00	Direct: \$0.00	Direct: \$0.00		
Indirect: \$0.00	Indirect: \$0.00	Indirect: \$0.00	Indirect: \$0.00		
Rate:0.0%	Rate:0.0%	Rate:0.0%	Rate:0.0%		
Total: \$0.00	Total: \$0.00	Total: \$0.00	Total: \$0.00		

* It is contrary to NYU policy to cost share, unless mandated by sponsor guidelines. If required, identify cost sharing source(s) on a separate page.

** The source(s) of any third party contribution must be fully documented in proposal.

10. Regulatory Compliance

HUMAN SUBJECTS No Yes If yes, file [Application for Review by the University Committee on Activities Involving Human Subjects](#) within 30 days of proposal submission (x82121).

LABORATORY ANIMALS No Yes If yes, file Protocol with the [University Animal Welfare Committee](#) within 30 days of proposal submission (x82112).

RADIOACTIVE MATERIALS No Yes If yes, consult Radiation Safety Supervisor regarding licensing requirements (x88035).

RECOMBINANT DNA No Yes Exempt If yes, register with the [Institutional Biosafety Committee](#) (263-6696).

SELECT AGENTS/TOXINS No Yes If yes, [Environmental Services Dept](#) will contact you. Call ES at x81450 if you have questions.

BIOHAZARDOUS MATERIALS No Yes If yes, [Environmental Services Dept](#) will contact you. Call ES at x81450 if you have questions.

HAZARDOUS CHEM/ WASTE No Yes If yes, [Environmental Services Dept](#) will contact you. Call ES at x81450 if you have questions.

* Failure to file may jeopardize institutional compliance with local [Right to Know](#) regulations regarding toxic substances.

EXPORT CONTROLS No Yes Read information and use checklist at www.nyu.edu/osp/ec/. If yes, and license may be required, contact Pierre Hohenberg at pierre.hohenberg@nyu.edu.

NEW COURSES/NEW DEGREE PROGRAM INCOME No Yes If yes, indicate status of internal/NYS approvals on a separate page

No Yes If yes, explain (e.g., fees for services or equipment usage) on a separate page.

11. Other Requirements

INVENTIONS: Is an [Agreement to Disclose](#) federally financed inventions on file with OSP? * No Yes

CONFLICT OF INTEREST: As defined by the [Supplemental Guidelines for Disclosure and Review](#):

a. Have you and other Researchers filed Researcher=s Disclosure Statements with your dean=s office? * No Yes

b. Do any Researchers or Immediate Family have a Financial Interest in a participating commercial entity? ** No Yes

*If no, please file. **If yes, submit a detailed disclosure of the Financial Interest in confidence to the dean.

12. Location of project (Identify building and room number):

13. Certification and Approvals: I agree to accept responsibility for the scientific or programmatic conduct of the project synopsisized above and to provide any reports required by the sponsor if an award is made as a result of the proposal, which has been independently originated and developed. I attest to the accuracy and completeness of the information herewith provided, to the best of my knowledge, including, if the sponsor is a Federal agency, the Certification regarding Debarment, Suspension and Other Responsibility Matters which appears on the back of this form, and I understand that any false, fictitious or fraudulent statements or claims may result in criminal, civil, or administrative penalties.

Principal Investigator Signature: _____ Date: _____

The attached proposal has been reviewed and approved. Arrangements have been made to provide any space, renovations, or special facilities when needed; any required cost sharing is provided for in the budget of this department or school.

Department Chairperson/Head (print or type name and sign below):

Signature: _____ Date: _____

Dean or School Research Coordinator (print or type name and sign below):

Signature: _____ Date: _____

Certification Regarding Debarment, Suspension, and Other Responsibility Matters Instructions for Certification

1. By signing and submitting this proposal synopsis, the Principal Investigator is providing the certification set out below.
2. The inability of a Principal Investigator to provide the certification required below will not necessarily result in denial of this proposal by the Federal Government. The Principal Investigator shall submit an explanation of why the certification set out below cannot be provided. The certification or explanation will be considered in connection with the Federal Government's determination whether to make an award. However, failure of the Principal Investigator to furnish a certification or an explanation shall disqualify such person from participation in any award that results.
3. The certification is a material representation of fact upon which reliance will be placed when the Federal Government determines whether or not to make an award. If it is later determined that the Principal Investigator knowingly rendered an erroneous certification, in addition to other remedies available, the Federal Government may terminate the award for cause or default.
4. The Principal Investigator shall provide immediate written notice to the University if at any time the Principal Investigator learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

(1) The Principal Investigator certifies, to the best of his/her knowledge and belief, that he/she:

- (a) is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) has not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against him/her for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property;
- (c) is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of the certification; and
- (d) has not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2) Where the Principal Investigator is unable to certify to any of the statements in this certification he/she shall attach an explanation to this proposal.

INSTRUCTIONS

This Synopsis Form is an internal routing and approval form for sponsored programs administered at NYU's Washington Square campus, and must accompany all proposals for research, training, and related activities to be submitted to external sponsors.

1. PI completes Synopsis Form, signs the required certification in Item 14, and submits it with the proposal for review and approval by department chair/head and dean or dean's designee.*
2. Department chair/head indicates approval of the proposal by signing the required certification in Item 14 and returning Synopsis Form to the PI.
3. Dean or dean's designee indicates approval of the proposal by signing required certification in Item 14 and returning Synopsis Form to PI and keeping a copy for their files.
4. PI delivers signed Synopsis Form with approved proposal to OSP, keeping a copies of each.

* *For those Schools with a local research office, PIs should submit a copy of the completed Synopsis Form to OSP with the proposal at the same time as original submission to the School office, which will in turn notify OSP directly when the proposal has been reviewed and approved.*