

Research Foundation SUNY State College of Optometry

SPONSORED PROGRAM AUTHORIZATION FORM

This form must be completed before submitting the proposal/application to the donor organization. Be sure to include the REQUIRED DOCUMENTS Listed below. This information is for internal use by SUNY State College of Optometry and is not submitted to the donor organization.		BUSINESS OFFICE USE	
Title of Project: _____		Is this a subaward? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Principal Investigator: _____		Rank: _____	
Human Subjects?: YES <input type="checkbox"/> NO <input type="checkbox"/> Is this Clinical Research? YES <input type="checkbox"/> NO <input type="checkbox"/> Is this a Clinical TRIAL ? YES <input type="checkbox"/> NO <input type="checkbox"/>		Vertebrate Animals YES <input type="checkbox"/> NO <input type="checkbox"/> Intellectual property Anticipated: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Attach Project Specific Conflict of Interest(Col) form. Is Col form attached?: YES <input type="checkbox"/> NO <input type="checkbox"/>		Notes: _____	
Proposed Start Date: _____ Proposed End Date: _____ Number of Years: _____		ON Campus: <input type="checkbox"/> OFF Campus: <input type="checkbox"/>	
Is this application for Research Purposes?? YES <input type="checkbox"/> NO <input type="checkbox"/>		Is this application for Research Purposes?? YES <input type="checkbox"/> NO <input type="checkbox"/>	
BUDGET Info	Direct Costs	All Salaries	F&A (\$\$) SW <input type="checkbox"/> or DC <input type="checkbox"/>
First Year			
Total Request (ALL Years)			Total Cost

Key Personnel Salary

All SUNY faculty assigned to State service and supported by State salaries are expected to include a request for salary and fringe benefit **offset** in all externally funded research grant applications. The amount of salary offset, determined in consultation with the Associate Dean and the Operations Manager should appropriately cover that portion of the effort committed to the research project. USE Calendar Months OR both Academic AND Summer Months

Proposed PI/CoInvestigator Effort and Salary	%effort		Calendar Months for 12 month appointee	# of Academic Months for academic appointee	# of Summer Months for academic appointee
	% effort in Budget Justification	Salary Offset proposed	On grant / Sal. Offset	On grant / Sal. Offset	On grant / Sal. Offset
Principal Investigator					
Co-PI					

1. **Do NOT leave Salary Offset Blank** - If % of salary offset is not equal to the % effort – indicate why: SUNY Opt expects total salary offset to be 30% or more. _____
2. YES NO Are other (SUNY) salaries offset? (If so, please indicate on separate sheet)

1. **Is Salary Offset less than effort?:** YES NO Is there mandatory cost share?: YES NO
 If yes: describe: _____

2. **Will additional space or institutional resources be required??** YES NO
 If yes: describe: _____

Attach an Executive Summary of the Research and the Budget

Approval Signatures:

1. Associate Dean for Research: _____ Salary Offset OK: YES NO Date _____
2. Dean for Academic Affairs(Dr. Troilo): _____ Date _____. 3. RF O.M. (D.A. Bowers) _____ Date _____
3. If research requires **UEC** facilities or patients: V.P. for Clinical Affairs: _____ Date _____

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Disclosure of Conflict of Interest

To be submitted on application for extramural funding

Use additional sheets if necessary.

PI Name and Position	Campus and Department
Project Sponsor	
Short Title	

1. List any office, trusteeship, directorship, partnership or position of any type, whether or not compensated, held by you or your spouse or dependent children with any firm, corporation, association, partnership or other organization other than the Research Foundation State University, or State of New York that would reasonably appear to affect or be affected by the research or educational activities funded or proposed for funding by the sponsor and that produce annual compensation greater than \$ 5,000.

Self/Spouse/ Dependent Children	Name of Organization and Address	Position	Description of Position

.. or check box if NONE

2. List name and describe the nature and source of any current employment or occupation of spouse and dependent children that would reasonably appear to affect or be affected by the research or educational activities funded or proposed for funding by the sponsor and that produces annual compensation greater than \$ 5,000.

Name	Source	Nature (e.g. employment, consultation)

.. or check box if NONE

3. List the name of warrants or stocks and other investment interests, including any interests in limited or general partnerships owned by you, your spouse, or your dependent children at time of filing for funding that would reasonably appear to affect or be affected by the research or educational activities funded or proposed for funding by the sponsor and that are valued at greater than \$ 5,000.

Name	Source	Nature (e.g. warrant, stock, mutual fund)

.. or check box if NONE

Investigator Certification:

- I have read and understood the policy on conflict of interest.
- I agree to file a new or updated disclosure form if the answer to any of the above questions changes.
- I certify that the answers to the declaration are accurate and truthful to the best of my knowledge.
- I have been provided, as appropriate, with a copy of 42CFR50 (PHS) or Chapter IV A, Award and Administration Guide (NSF).

Signature

Date

Reviewer

Initials/Date

In case of potential conflict, the proposal is further reviewed by the **Committee on Ethics and Values**