

PROJECT INFORMATION FORM (PIF)
To be Completed by Principal Investigator (PI)/Project Director (PD)
 (with assistance from RSP Grant Manager)

Lead PI/PD: Dept: _____ Foreign National? Y N (circle)

Co-PI(s): Dept: _____ Foreign National? Y N (circle)

Project Title: _____

Year _____ of _____ Federal CFDA #: _____ N/A

Proposal due: _____

Start Date: _____

End Date: _____

BUDGET Current Year

Direct Costs _____

Indirects _____

Total _____

Funding Agency:

CATEGORY:	Instruction	Public Service	Research	(check)
If Research:	Basic	Applied	Developmental	(check)
Focus:	Air	Water	Health	(check)

Attach Itemized Budget Spreadsheet

YES	NO	PERSONNEL
		Is Reimbursed Released time requested? If yes,
		Name: _____ 0 % time/aca yr: 0%
		Name: _____ 0 % time/aca yr: 0%
		Name: _____ 0 % time/aca yr: 0%
		* % time based on 30 WTU = 100%

APPROVALS

RSP Manager: Budget and PIF are complete, correct and in compliance with campus/Foundation policies and funding agency guidelines.

Signature: _____

Date: _____

YES	NO	ACADEMIC YEAR OVERLOAD
		Is Academic Year Overload requested? If yes:
		Name: _____ 0 % time/aca yr: 0%
		Name: _____ 0 % time/aca yr: 5%
		Name: _____ 0 % time/aca yr: 0%

PI(s): All required information is correct and complete.

PI Signature: _____

Date: _____

YES	NO	SUMMER PAY
		Is Summer pay requested? If yes:
		Name: _____ 0 # mos _____
		Name: _____ 0 # mos _____
		Name: _____ 0 # mos _____

Co-PI Signature: _____

Date: _____

Co-PI Signature: _____

Date: _____

YES	NO	SALARY
		Does this project budget include salary for:
		Post Doc _____ Tech _____ Clerical _____
		Other Professional _____ Student _____
		(Please check all that apply)

Department Chair(s): I have been approved to approve of the attached proposal and release time/additional pay for faculty _____ department.

Signature(s): _____

Date: _____

YES	NO	COST SHARE/MATCH
		Is Cost Share/Match required? \$ _____
		Not required, but volunteered? \$ _____
		Itemized cost share/match must be included on attached budget

Signature(s): _____

Date: _____

School Dean(s): I have been approved to approve of the attached proposal and release time/additional pay for faculty _____ department.

Signature(s): _____

Date: _____

YES	NO	INDIRECT COSTS/F&A
		Is maximum allowable IDC rate applied? Rate: 0%
		Base: (check) Modified Total Direct Costs _____ Total Direct _____
		If "no," attach Indirect Cost Reduction form and guidelines

Signature(s): _____

Date: _____

YES	NO	CONFLICT OF INTEREST
		Is the funding source a <u>non-governmental agency</u> , <u>NSF</u> , or <u>NIH</u> ? If "yes," a Conflict of Interest form must be on file with ORSP prior to receipt of funding

Signature(s): _____

Date: _____

RSP Director: Budget and PIF are complete, correct and in compliance with campus/Foundation policies and funding agency guidelines.

Signature: _____

Date: _____

YES	NO	ACADEMIC CREDIT
		Does project offer academic credit through Cont. Ed? If "yes," obtain Cont/Global Ed Dean signature

Signature: _____

Date: _____

YES	NO	SPECIAL COMPLIANCE
		<input type="checkbox"/> *Human Subjects (Interviews/surveys/etc)* (IRB) <input type="checkbox"/> *Animals * (IACUC) <input type="checkbox"/> *Unmanned Aircraft Systems (UAS) * (UAS) <input type="checkbox"/> *Radiation, biological, or toxic chemicals * (Biosafety) <input type="checkbox"/> Contact with School Aged Children (HR follow-up)
		* If "yes," appropriate Committee approval must be in place prior to award

Dean of Research: I have been approved to approve of the attached proposal and release time/additional pay for faculty _____ department.

Signature: _____

Date: _____

VP of Administration: I have been approved to approve of the attached proposal and release time/additional pay for faculty _____ department.

Signature: _____

Date: _____

YES	NO	SPACE/FACILITIES/EQUIPMENT/TECH
		Is additional or special space needed for this project?
		Is funding requested for renovation or construction?
		Requesting equipment requiring special space or installation?
		Is additional tech support required? If "yes," consult w/SATO

Signature: _____

Date: _____

Describe equipment/space needs: _____

Attachments: Current & Pending Support _____ Budget _____ Guidelines _____

ORSP Comments: _____

Logged in SAR by: _____ PIF Printed 1/16/2018 Date: _____

<input type="checkbox"/> Federal
<input type="checkbox"/> State
<input type="checkbox"/> Local
<input type="checkbox"/> Private
<input type="checkbox"/> Passthrough

