

PROPOSAL CLEARANCE FORM

DR. SONIA SUCHDAY, UNIVERSITY DIRECTOR FOR RESEARCH AND GRADUATE EDUCATION
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INSTRUCTIONS

- *The Proposal Clearance Form is used to obtain approval for a Principal Investigator (PI) to conduct externally funded research/projects at Pace University. The Proposal Clearance Form must be signed by the Chair, Dean and University Director for Research and Graduate Education prior to any proposal submission to an external agency or foundation.*
- *In addition, submissions to NIH, NSF, DoD, USDA, other PHS agencies, and some private funders/sponsors require the [financial conflict of interest form](#) to be filled out, [CITI COI Certification](#), and/or [CITI Research Security Training Certification](#).*
- *Please send your completed Proposal Clearance Form, along with the project description/abstract, budget, and, if required, any required certification(s), to Elina Bloch (ebloch@pace.edu) and Eric Torres (etorres@pace.edu).*

PRINCIPAL INVESTIGATOR (PI) INFORMATION, CO-PI, or SR. KEY PERSONNEL

	NAME	ROLE	DEPARTMENT	SCHOOL	PHONE/CELL	EMAIL
1.		PI				
2.						
3.						
4.						
5.						
6.						
7.						

PROPOSAL INFORMATION

Title	
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Funding Agency	
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Submission Deadline (Date and Time)	
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Program Announcement Webpage/URL	
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TYPE OF APPLICATION	<input type="checkbox"/> Letter of Intent/Inquiry	<input type="checkbox"/> Preliminary Proposal/Concept Paper
	<input type="checkbox"/> Proposal	<input type="checkbox"/> Resubmission

PRIOR COMMUNICATION	<input type="checkbox"/> Funder Invited Submission	<input type="checkbox"/> Outreach to Program Officer
	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other:

PROJECT DATES	Start Date		End Date	
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PURPOSE	<input type="checkbox"/> Research	<input type="checkbox"/> Training	<input type="checkbox"/> Fellowship
	<input type="checkbox"/> Instruction	<input type="checkbox"/> Program Development	<input type="checkbox"/> Conference
	<input type="checkbox"/> Equipment	<input type="checkbox"/> Other:	

MECHANISM	<input type="checkbox"/> Grant	<input type="checkbox"/> Contract	<input type="checkbox"/> Subcontract	<input type="checkbox"/> Cooperative Agreement
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BUDGET INFORMATION <i>Please be sure to attach the detailed budget.</i>	Year 1 Budget ONLY		Total Budget (All Years)
	Total Direct Costs	\$	\$
	Indirect Costs	\$	\$
	Total Project Costs	\$	\$

INDIRECT COSTS RATE	<input type="checkbox"/> Pace University On-Campus Rate	<input type="checkbox"/> Pace University Off-Campus Rate
	<input type="checkbox"/> Granting Agency does not allow indirect costs.	
	<input type="checkbox"/> Granting Agency Capped Indirect rate to :	

COST SHARING INCLUDED	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no skip to next section)
COST SHARING AMOUNT		COST SHARING TYPE
		<input type="checkbox"/> Voluntary
		<input type="checkbox"/> Mandatory
SOURCE OF COST SHARING	<input type="checkbox"/> In-Kind Match	<input type="checkbox"/> Matching from partner/collaborator
	<input type="checkbox"/> Matching Funds. If so, which Index:	
COST SHARING COMMENTS OR DETAILS		

WILL YOUR PROJECT INCLUDE ANY OF THE FOLLOWING	<input type="checkbox"/> Human Subjects	<input type="checkbox"/> Animals	<input type="checkbox"/> Biohazards
	<input type="checkbox"/> Subcontracts	<input type="checkbox"/> New Academic Programs	<input type="checkbox"/> New or Renovated Facilities
	<input type="checkbox"/> Equipment Purchase (requiring installation and/or maintenance costs)		

DOES THE PROJECT INVOLVE HIRING PERSONNEL?	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
	<input type="checkbox"/> Post-Doc (number of students and hours per week):	
	<input type="checkbox"/> Other Personnel / Professional:	

» DEPARTMENT CHAIR / SUPERVISOR

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Department Chair / Supervisor

As Department Chair, I certify that this proposal is not in conflict with assigned duties of the Principal Investigator (PI), Co-PI, or Sr. Key Personnel and commits department resources as outlined above.

» DEAN or DEANS EQUIVALENT (e.g. EVP,VP, or AVP or designated sign-off)

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Dean or Deans Equivalent

As Dean, I certify that this proposal is consistent with College goals and commits college resources as outlined above.

» UNIVERSITY DIRECTOR FOR RESEARCH AND GRADUATE EDUCATION

Signature: _____ Date: _____

Sonia Suchday, Ph.D.

University Director for Research and Graduate Education

Authorized Organizational Representative (AOR)

As AOR, I certify that this proposal is consistent with University policy and procedures and in accordance with Section 10632 of the CHIPS and Science Act of 2022 (42 U.S.C. § 19232), I certify that all individuals identified as senior/key personnel have been made aware of and have complied with their responsibility under that section to certify that the individual is not a party to a malign foreign talent recruitment program.