

**RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.
CENTRAL OFFICE GRANT/CONTRACT CHECKLIST**

PRINCIPAL INVESTIGATOR: _____ DEGREE: _____

BUREAU/DIV: _____ TEL #: _____

TITLE SUMMARY: _____

SPONSOR: _____ ANTICIPATED START: _____

TYPE OF APPLICATION New Continuation Revision Renewal Other

RFA/PA# _____ TYPE OF APPLICATION: Grant Contract Subcontract

DIRECT COSTS REQUESTED: CURRENT YEAR: _____ ALL YEARS: _____

Indirect Cost Rate Used:

13.7% MTDC (federal) 25% TDC Other _____% (Please attach Indirect Cost Waiver)

Have all Investigators been informed of the RFMH Financial Conflict of Interest Policy and their obligation to complete training and submit an Investigator Financial Interests Disclosure Form prior to submission of this application? Yes No

Will consultants be used? Yes No

If yes, please indicate person(s): _____

Will subcontractors be used? Yes No

If yes, please indicate the organization(s): _____

Will another organization be subcontracting to the RFMH? Yes No

If yes, please indicate the organization: _____

Human Subjects (IRB) Approval Date (if applicable): _____

Will a petty cash account be requested? Yes No

Will any physicians receive salary support from this project? Yes No

If yes, please indicate person(s): _____

Are there any other special considerations for this application? Yes No

If yes, please indicate: _____

APPROVAL SIGNATURES:

Principal Investigator: _____

Department Administration (OMH, OPWDD, OASAS): _____

RFMH Administration: _____

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PHS Principal Investigator Assurance

(required after 5/2/06 for all named Principal Investigators)

By submitting the attached application to the PHS, the Principal Investigator hereby certifies:

- (1) that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge;
- (2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil or administrative penalties;
- (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Principal Investigator Signature: _____

Date: _____