

**RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.  
CHECKLIST FOR SUBMISSION OF GRANT OR CONTRACT PROPOSALS**

Principal Investigator: \_\_\_\_\_ Application Number: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Institute: \_\_\_\_\_

Project Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Start Date: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Type of Application: Choose One \_\_\_\_\_ Choose One \_\_\_\_\_

Indirect Cost Rate:  Federal  32.5% Non-federal  Other (requires a waiver)

Direct Costs Requested: Year 1 \_\_\_\_\_ All Years \_\_\_\_\_

Indirect Costs Requested: Year 1 \_\_\_\_\_ All Years \_\_\_\_\_

Is all work to be performed in NYS Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all collaborators employed by NYS:	If no, list all subcontractors and their duties:
List all consultants:	
Human Subjects? <input type="checkbox"/> Yes <input type="checkbox"/> No	Brain Imaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, IRB Status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending	Lab Tests? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	If yes, list lab tests:
Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, list medications:	List any invasive procedures:
	Will any subjects lack capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Trial Phase: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> N/A	List any radioactive materials to be used:
Will drugs be given to patients post-protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all Key Personnel received training on the protection of human subjects? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Animal Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Species:
If yes, IACUC Status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending	

Briefly describe the project in two sentences. Do not exceed the space provided.

Provide up to 5 keywords describing the project.

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

Do any investigators on the project (including their spouses and dependent children) have any Significant Financial Interest (SFI) which may bias this research, as described in the two RFMH policies on SFI?       Yes       No

### **PHS Principal Investigator Assurance**

By submitting the 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 \_\_\_\_\_

### **APPROVAL SIGNATURES**

Department Chief/Admin: \_\_\_\_\_ Date \_\_\_\_\_

Institute or RFMH Admin: \_\_\_\_\_ Date \_\_\_\_\_