

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)

Costs Requested	Year 1	Year 2	Year 3	Year 4	Year 5	All Years
Direct						
Indirect						

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"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-patient <input type="checkbox"/> None	Brain Imaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
IRB Status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> N/A	Lab Tests? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, list lab tests:
If yes, list medications:	List any invasive procedures:
Trial Phase: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> N/A	Will any subjects lack capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will drugs be given to patients post-protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any radioactive materials to be used:
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	Approximate number of cages: Monthly: _____ Overall: _____

Briefly describe the project in 4-5 sentences. Do not exceed the space provided.

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/
Division Head: _____ Date _____

DDIA: _____ Date _____

RFMH Admin/
Institute Director: _____ Date _____