

## PITZER COLLEGE

### PROPOSAL SCREENING FORM

PI:	email:	Voice:
Co-I:	email:	Voice:
Proposal Title:		

**Proposal Information:**

Agency name	
Submission (electronic/email/postal service)	
Due Date	
Type of Proposal ( new/revision/supplement)	
BAA/RFP/Program Announcement weblink	

**Budget & Performance**

Award Dates	Start date		End Date		# of years	
Award amount	Total		Direct		Indirect	

**Question:**

1. Does the award include sub awards? Yes \_\_\_\_ No \_\_\_\_
2. Indirect cost rate: \_\_\_\_\_ If non- standard rate is that rate specific to this solicitation?  
Yes \_\_\_\_ No \_\_\_\_
3. If off campus rate is used where is the project taking place:
4. Does the proposal contain any cost sharing? Yes \_\_\_\_ No \_\_\_\_ *If yes provide approval of the Dean of the Faculty.*
5. Are you requiring release time? Yes \_\_\_\_ No \_\_\_\_ *If yes provide approval of the Dean of the Faculty.*
6. Does the budget include funds for new or existing staff positions? Yes \_\_\_\_ No \_\_\_\_ *If new staff positions are included provide approval of the Dean of the Faculty.*

**Facilities**

1. Can the project be conducted in the existing space now available to the PI? Yes \_\_\_\_ No \_\_\_\_  
*If no, attach a detailed explanation*
2. Will modification of existing space be required? Yes \_\_\_\_ No \_\_\_\_ *If yes, attach a detailed explanation*
3. Does the proposal include funding for equipment? Yes \_\_\_\_ No \_\_\_\_ *If yes, and equipment will require funding after the research award is completed, prior approval is required from the Dean of the faculty.*

**Research Compliance**

1. Does the proposed research involve human subjects: Yes \_\_\_\_ No \_\_\_\_  
IRB Approval # \_\_\_\_\_ Date of Approval: \_\_\_\_\_

2. Does the proposed research involve vertebrate animals? Yes \_\_\_\_\_ No \_\_\_\_\_ IACUC Protocol # \_\_\_\_\_ Date of Approval: \_\_\_\_\_
3. Does the Proposed research involve recombinant DNA, infectious agents, viral vectors. Transgenic DCDC/USDA selected agents or toxins? Yes \_\_\_\_\_ No \_\_\_\_\_ IRB Approval # \_\_\_\_\_ Date of Approval: \_\_\_\_\_
4. Does the proposed research involve reactive chemicals, toxic gases, radioactive material or other extreme radiation producing devices? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does the proposed research involve the transfer or shipping of export controlled information or equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note if yes to any of the questions above, please provide additional information on a separate sheet.**

Financial Interest

I, the PI Do \_\_\_\_\_ Do not \_\_\_\_\_ have any financial interest, including interest of spouse or dependent children, which I, as the PI believe may be, or could be perceived to be financial conflicts of interest with the proposed research activity.

Certifications, approvals and signatures

I certify that the statements made in the attached proposal and the above certifications are true and complete to the best of my knowledge. I agree to comply with relevant Federal requirements and the award terms and conditions.

Title	Name	Signature	Date
Principal Investigator			
Co-PI			
Sponsored Research			
Dean of the Faculty			

Other information:
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