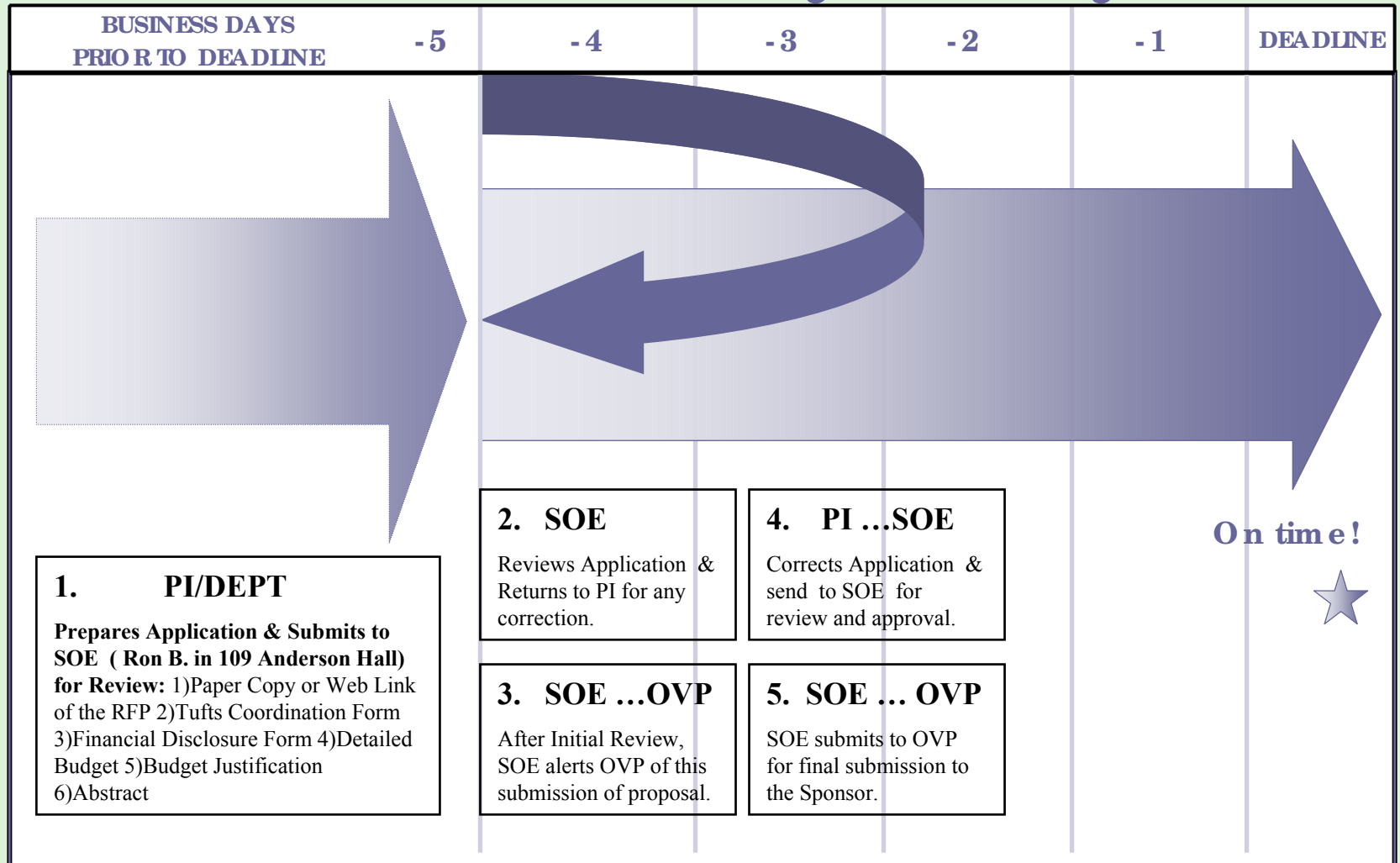


SOE Research Administration

5 Business Day Policy





Tufts University
Office of the Vice Provost
Research Administration
Medford Campus
Internal Sponsored Coordination Form

For Office Use Only:
 ID #: _____
 Date Logged: _____
 Logged in by: _____

This form, including signatures required, must accompany **all** applications for extramural research funding. This form seeks to facilitate the coordination of proposals to be consistent with Tufts' academic and research policies and obligations to external sponsors. Goals include increasing funding prospects and providing requisites of successful research. One copy of the completed application (excluding reprints) and the original of this form must be submitted to the Office of the Vice Provost, Research Administration, at 20 Professors Row, Medford Campus. For further inquiries, contact our office by telephone (617) 627-3417 or by facsimile (617) 627-3673.

PART I: PROJECT IDENTIFICATION (Please print or type the following information)			
PRINCIPAL INVESTIGATOR (<i>Last, First</i>)	PHONE	DEPARTMENT	SCHOOL
CO-PRINCIPAL INVESTIGATOR	PHONE	DEPARTMENT	INSTITUTION
CO-PRINCIPAL INVESTIGATOR	PHONE	DEPARTMENT	INSTITUTION
PROJECT TITLE			PROJECT DURATION From: _____ To: _____
PRIME SPONSOR (ie NIH, NSF)	SPONSOR REF #	SUBCONTRACTING SPONSOR (where Tufts is the subrecipient)	
PRINCIPAL INVESTIGATOR'S FUNDED EFFORT ON PROJECT: ACADEMIC YEAR (%): _____ SUMMER (%): _____	COURSE RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	CO-PRINCIPAL INVESTIGATOR'S FUNDED EFFORT ON PROJECT: ACADEMIC YEAR (%): _____ SUMMER (%): _____	
(Please click appropriate boxes)	<input type="checkbox"/> GRANT	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> CO-OPERATIVE AGREEMENT
AGREEMENT TYPE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SUBCONTRACT	
AWARD TYPE	<input type="checkbox"/> NEW <input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION/RESUBMISSION	<input type="checkbox"/> RENEWAL <input type="checkbox"/> AMENDMENT
PROGRAM PURPOSE	<input type="checkbox"/> RESEARCH <input type="checkbox"/> EDUCATION	<input type="checkbox"/> SERVICES <input type="checkbox"/> CONFERENCE	<input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER
WORK SITE	<input type="checkbox"/> OFF CAMPUS	<input type="checkbox"/> ON CAMPUS	ROOM LOCATION: _____
PROPOSAL SUBMISSION	<input type="checkbox"/> PAPER	<input type="checkbox"/> ELECTRONIC	SPONSOR DUE DATE: _____ POSTMARKED BY: _____

PART II: BUDGET				
	PROPOSED 12 MONTH PERIOD	TOTAL PROJECT PERIOD	COST SHARING PROPOSED PERIOD	COST SHARING TOTAL PROJECT PERIOD
START DATE				
END DATE				
A. TOTAL TUFTS SALARIES & BENEFITS				
B. OTHER DIRECT COSTS				
C. CAPITAL EQUIPMENT (>\$2,500)				
D. TOTAL DIRECT COSTS (A+B+C)				
E. TOTAL MTDC BASE (D-C)				
F. F & A (Indirect costs) %				
G. TOTAL PROJECT COSTS (D+F)				

PART III: SPECIAL CONSIDERATIONS (Please check all that apply)		
<input type="checkbox"/> HUMAN SUBJECTS ¹ <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ANIMAL USE ² <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> RECOMBINANT DNA ³ <input type="checkbox"/> YES <input type="checkbox"/> NO
PROTOCOL # APPROVAL DATE	PROTOCOL # APPROVAL DATE	PROTOCOL # APPROVAL DATE
<input type="checkbox"/> CAPITAL EQUIPMENT > \$2,500	<input type="checkbox"/> SELECT AGENTS	<input type="checkbox"/> NEW COURSES OR DEGREES
<input type="checkbox"/> POTENTIAL OR ACTUAL CONFLICT OF INTEREST	<input type="checkbox"/> SUBCONTRACT(S)	<input type="checkbox"/> MORE THAN ONE DEPARTMENT OR SCHOOL
<input type="checkbox"/> BIOHAZARDS	<input type="checkbox"/> CONSULTANT(S)	<input type="checkbox"/> SPACE, RENOVATION, MAJOR OPERATING EXPENSES
<input type="checkbox"/> TOXIC/HAZARDOUS CHEM	<input type="checkbox"/> LEAVE OR SABBATICAL	<input type="checkbox"/> ADDITIONAL PERSONNEL OTHER THAN STUDENTS
<input type="checkbox"/> RADIOACTIVE MATERIALS	<input type="checkbox"/> INTERNATIONAL PROJECT	

PART IV: APPROVALS (Signatures must be obtained in order listed below.) Assurance: By this acknowledgment, the Principal Investigator/Program Director and other program participants, where appropriate, assures; (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; and (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. The PI certifies that he/she and all key personnel have read the Tufts University Conflict of Interest Policy and attest that they complied with all required disclosures (see attached disclosure form), that they are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency and that they have not and will not lobby any federal agency on behalf of this award.

	Signature(s) Required	Date
PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR	_____	_____
Co-PRINCIPAL INVESTIGATOR	_____	_____
DEPARTMENT CHAIR OR DESIGNATE (Certifies information presented is accurate)	_____	_____
DEAN, DIRECTOR OR DESIGNATE	_____	_____
OFFICE OF CORPORATE & FOUNDATIONS RELATIONS* (x73487) *(Required for Foundation Sponsored Projects)	_____	_____
ASSOCIATE DIRECTOR, RESEARCH ADMINISTRATION	_____	_____
OFFICE FOR TECHNOLOGY LICENSING & INDUSTRY COLLABORATION (OTL&IC) (Required for Industry Sponsored Agreements)	_____	_____

Project Certifications. Involvement of human subjects and/or animals in any research project requires approval of the pertinent review committee. The federal government and many other sponsors require written certification of committee approval at the time of, or shortly following, proposal submission.

¹Human Subjects: Please contact the SBER office at (617) 627-3417.

²Animals: Please contact the DLAM office at (617) 636-5612.

³Recombinant DNA: Please contact the Safety & Risk Management office at (617) 636-2919.

⁴Non-radioactive hazardous chemicals: Please contact the Environmental Health & Safety office at (617) 627-3229.

⁵Radioactive Materials: Please contact the Radiation Hazards Committee at (617) 627-3196.

Financial Interest Disclosure Form

All investigators proposing to do research must complete this form and return it to the Office of the Vice Provost prior to or when submitting a funding proposal. Information disclosed will be treated confidentially by the OVP strictly on a need to know basis. The form must be signed by the investigator and his or her department chairperson. If the department chairperson is directly involved in the research, the dean must sign in the space designated for the department chair. It is the responsibility of the Investigator to update this information promptly if it should change prior to completion of the study. It is the responsibility of the principal investigator (PI) to ensure that each Investigator working under his or her supervision on a research project submits this disclosure form when required by the Tufts University Policy on Conflict of Interest in Research.

Name of Investigator:
Proposal Title:
Funding Agency or Organization:
Do you have any ownership interest in any entity providing funds for your research, including the proposed funding above? Yourself: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Your Family: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have any ownership interest in any entity that owns intellectual property that could reasonably appear to be affected by your research? Yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No Your Family: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any ownership interest in any entity that could reasonably appear to be affected by your research? Yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No Your Family: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you serve as a paid consultant, officer, administrator, board member, or speaker for any entity that is providing funds for your research, that could reasonably appear to be affected by your research, or that has an interest in intellectual property that could reasonably appear to be affected by your research? Yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No Your Family: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received in the last 12 months or will you receive in the next 12 months more than \$10,000 (in cash or of monetary value) from an entity that could reasonably appear to be affected by your research (other than your salary from Tufts)? To answer this question, you should add the amount you receive to the amount(s) family members receive. Yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No Your Family: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anything not covered in the above questions that you believe might constitute a potential conflict of interest or create the appearance of being a conflict of interest related to your research? Yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No Your Family: <input type="checkbox"/> Yes <input type="checkbox"/> No

Definitions: "Family" is defined as spouse/domestic partner and dependent children. "Key personnel" includes anyone who will influence the design and conduct of the research. "Financial interest" is anything of monetary value. "Ownership interest" includes equity interests such as stock and stock options.

Detailed Financial Disclosure

If you answered YES to any question on this form, specifically describe the financial interest or affiliation and its relationship to your research in the space provided here. If the interest consists of money or something else of value that you or your family members have received or will receive, you must disclose the amount of money or value. If the interest consists of equity that you own, you must provide the current value (if any) of the equity and the percentage of ownership of the company that it represents. You may use the space below or attach an additional sheet if needed.

Investigator Certification

By signing below, the Investigator hereby certifies that all of the information contained on this form is true and correct to the best of his or her knowledge and that he or she has made reasonable efforts to assure that accurate and complete information has been provided.

Signature of Investigator

Date

Administrator Certification

By signing below, the department chairperson hereby certifies that he or she has reviewed this form and has determined that (please check one)

- In the absence of any affirmative responses to the questions above and with all knowledge available to the department chairperson, there is not an indication of a potential conflict of interest
- A conflict of interest exists but it is minimal (less than \$10,000 per year and less than 5% equity ownership) and the department does NOT recommend management, reduction or oversight.
- A conflict of interest exists but it can be reduced, eliminated or managed as described in the space below or attach a separate sheet of paper if necessary:

- A conflict of interest exists and the department cannot recommend approval of this activity

Department Chairperson's Signature*

Date

* If directly involved in the research, the Dean must review and sign.

SOE Research Administration Checklist Form

This form seeks to facilitate the coordination of proposals to be consistent with Tufts' academic and research policies and obligations to external sponsors. Please fill out this form in its entirety.

1. Project Identification

- PDF, Web link, or attach paper copy of the sponsor's Program Announcement/RFP
- PI name
- Co-PI name
- Project Title
- Sponsor **Due Date**
- SOE Due Date** (5 business days ahead of Sponsor Due Date)

2. Internal Sponsored Coordination Form

- Signature From PI/ Co-PI
- Signature From Dept Chair or designate
- Special Considerations

3. Financial Disclosure Form

- Show PI interest
- Signature From Dept Chair or designate
- Special Considerations

4. Detailed Budget

- Use Approved Template and sponsor's budget forms
- Current Fringe Benefits Rates
- Tuition (15% budgeted as a direct cost with noF&A, and 4% escalation)
- Students base salary of at least \$14,000/ 9months
- Health Fees and Health Insurance budgeted
- Appropriate F&A Rate

5. Budget Justification

- Justify budget use per sponsor requirements/format

6. Abstract

- Brief description of Project
- List of 5 key words.