

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

PRINCIPAL INVESTIGATOR: _____ DEGREE: _____

BUREAU/DIV: _____ SS#: _____ 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:

☐ 23.2% MTDC (federal) ☐ 25% TDC ☐ Other _____% (Please attach Indirect Cost Waiver)

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: _____

Please attach:

_____ **RFMH Financial Disclosure Form and PI Assurance (if required)**

_____ **Application**

_____ **Project Abstract and Budget (if complete application is not available)**

APPROVAL SIGNATURES:

Principal Investigator: _____

Department Administration (OMH, OMR, 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: _____