

PRATT INSTITUTE PROPOSAL ROUTING FORM

OFFICE OF THE PROVOST

RESEARCH & PARTNERSHIPS
200 WILLOUGHBY AVENUE
BROOKLYN, NY 11238

For any questions, please get in touch at research-partnerships@pratt.edu

This form needs to be reviewed and completed in its entirety. This form must be completed by the Principal Investigator before the proposal can be submitted. Research & Partnerships is not authorized to process your application without approval of the Department Chair/Dean/Center Director and the Provost Office.

Please attach a project description or abstract and a draft budget to this document.

Approval time is a minimum of 10 business days. Please plan accordingly.

PLEASE TYPE OR PRINT LEGIBLY

PRINCIPAL INVESTIGATOR (PI) INFORMATION

1) PI NAME		2) PI NAME	
DEPARTMENT		DEPARTMENT	
PHONE & EMAIL		PHONE & EMAIL	

PROPOSAL INFORMATION

TITLE			
DUE DATE & TIME:			
SPONSOR/FUNDER: (List name of foundation/sponsor, opportunity name, announcement number [if applicable], and link to opportunity.)			
SPONSOR CONTACT PERSON: (Name, Phone, & Email)			
PROJECT DATES	START DATE:		END DATE:
PROJECT ACTIVITIES (check all that apply)	<input type="checkbox"/> Conference	<input type="checkbox"/> Equipment	<input type="checkbox"/> Events
	<input type="checkbox"/> Instruction	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Research
	<input type="checkbox"/> Training	<input type="checkbox"/> Other	
MECHANISM	<input type="checkbox"/> Grant	<input type="checkbox"/> Contract	<input type="checkbox"/> Subcontract
	<input type="checkbox"/> Fee for Service	<input type="checkbox"/> Unrestricted Gift	<input type="checkbox"/> Sponsorship
BUDGET INFORMATION **Please be sure to attach a draft budget justification. Provost Office can help adjust for fringe benefits and indirect costs.	Year 1	Year 2	Year 3
COST SHARING AMOUNT/PERCENTAGE		TYPE OF COST SHARING	<input type="checkbox"/> Voluntary
			<input type="checkbox"/> Mandatory
SOURCE OF COST SHARING COMMITMENT	<input type="checkbox"/> College/Department/Center Budget	<input type="checkbox"/> 3 rd Party	<input type="checkbox"/> Pratt (will require Finance & Administration approval)

****Please bear in mind that some grants/contracts will require additional clearance policy approval**

TURN OVER ➡

INSTITUTIONAL RESOURCES (Does the proposed project require any of the following? Check all that apply. Please attach any additional descriptions to this form)	<input type="checkbox"/> Creation Of New Faculty Or Staff Position	<input type="checkbox"/> Release Time From Teaching For Pratt Faculty	<input type="checkbox"/> The Use Of Campus Space That You Do Not Already Have Access To	<input type="checkbox"/> Renovation Of On-Campus Facilities
	<input type="checkbox"/> Purchase Of Equipment, Software, Or Other Technology	<input type="checkbox"/> Design And Printing Of Publicity Materials By Pratt's Communications/ PR Office	<input type="checkbox"/> The Time And Resources Of Other Colleges/Centers	<input type="checkbox"/> Other (Please Attach Description)

@ PRINCIPAL INVESTIGATOR SIGNATURE:

Signature

Date

Principal Investigator

As Principal Investigator, I certify that the information provided in this routing form is accurate

@ DEPARTMENT CHAIR/ DEAN APPROVAL/ CENTER DIRECTOR SIGNATURE:

Signature

Date

Department Chair

As Department Chair, I certify that this proposal is consistent with department goals; is not in conflict with assigned duties of the principal investigator; and commits departmental resources as outlined in proposal.

Signature

Date

Dean

As Dean, I certify that this proposal is consistent with Pratt goals, and commits Institute resources as outlined in the proposal.

Signature

Date

Center Director

As Center Director, I certify that this proposal is consistent with Center goals; is not in conflict with assigned duties of the principal investigator; and commits center resources as outlined in proposal.

@ HUMAN SUBJECTS REVIEW SIGNATURE (if applicable):

Signature

Date

Human Subjects Review (If no people are involved in your research it is not necessary to include this signature)

I certify that this proposal ensures the rights, welfare, and protection of all "human subjects" that may be involved/impacted/ recruited through this proposal.

@ OFFICE OF THE PROVOST SIGNATURE:

Signature

Date

Office of the Provost

As a representative from the Office of the Provost, I certify that this proposal and budget is consistent with Pratt policies and goals.

Release Time Request

Name: _____ Email: _____

Department: _____ School: _____

Supervisor: _____

Start Date: _____ End Date: _____

Budget No.: _____

Contact hours: _____ ☐ Studio ☐ Lecture

Expected hours per ☐ Day _____ ☐ Week _____

Expected time Schedule: _____

Position Title: _____

Main Responsibility:

(Check any one)

☐ A – Academic Administration (Asst/Acting Chairs, Accreditation, etc.)

☐ B – Curriculum Coordination, Development and/or Support

☐ C – Instructional Support (Lectures, Lecture series, Guest Lectures)

☐ D – Other (Type in): _____

List of Duties:

Chairperson's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Provost's Signature: Kirk Pillow Date: _____

(Must be attached to a Faculty Workload or Course Change Form)