

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 five 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 ANNOUNCEMENT: (Website/Funding Opportunity Name/Announcement #)			
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 <small>**Please be sure to attach a draft budget justification. Provost Office can help adjust for fringe benefits and indirect costs.</small>	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, 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.