

# 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](mailto: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

<b>1) PI NAME</b>	
<b>DEPARTMENT</b>	
<b>PHONE &amp; EMAIL</b>	
<b>2) PI NAME</b>	
<b>DEPARTMENT</b>	
<b>PHONE &amp; EMAIL</b>	

### PROPOSAL INFORMATION

<b>TITLE</b>			
<b>DUE DATE &amp; TIME:</b>			
<b>SPONSOR/FUNDER:</b> <small>(List name of foundation/sponsor, opportunity name, announcement number [if applicable], and link to opportunity.)</small>			
<b>SPONSOR CONTACT PERSON:</b> <small>(Name, Phone, &amp; Email)</small>			
<b>PROJECT DATES</b>	<b>START DATE:</b>	<b>END DATE:</b>	
<b>PROJECT ACTIVITIES</b> <small>(check all that apply)</small>	<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	
<b>MECHANISM</b>	<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
<b>BUDGET INFORMATION</b> <small>**Please be sure to attach a draft budget justification. Provost Office can help adjust for fringe benefits and indirect costs.</small>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
			<b>Total Years</b>
<b>COST SHARING AMOUNT/PERCENTAGE</b>	<b>TYPE OF COST SHARING</b>		<input type="checkbox"/> Voluntary
			<input type="checkbox"/> Mandatory
<b>SOURCE OF COST SHARING COMMITMENT</b>	<input type="checkbox"/> College/Department/Center Budget	<input type="checkbox"/> 3 <sup>rd</sup> 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** ↘

<b>INSTITUTIONAL RESOURCES</b> (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.