

Section I - Principal Investigator

Principal Investigator (First, Middle Initial, Last Name): _____

Net ID _____

Appointment Title: _____

Department Name: _____ Proposal Owning Cost Center: _____

Section II - Proposal and Deadline Information

IRES Proposal Number _____ TCN _____

Proposal Type: _____ Program Type: _____

Instrument Type: _____ Federal Pass Through: Yes No

Proposal Title: _____

Short Title (limit 30 characters): _____

Proposal Start Date: _____ Proposal End Date: _____

PI Deadline Date: _____

Sponsor: _____

Sponsor Contact Phone: _____ Sponsor Contact Email: _____

Sponsor ID (FOA/RFQ/RFP #): _____ Sponsor Deadline: _____

Sponsor Award ID (if known): _____ DeadlineType: _____

CFDA# (if applicable): _____

Prime Agency (if Yale is a subrecipient): _____

If continuation/resubmission, please provide the previous IRES Proposal Number: _____

Administrative Contact/Preparer for Proposal: _____

Phone: _____ Email: _____

Call for Pickup Name: _____ Call for Pickup Phone: _____

Project Work Location: _____

Primary Location of Research: Building _____ Floor Number _____

Room Number: _____

Section III - Proposal Budget

Budgets for Clinical Trials are completed during contract negotiation using form 1304FR.03B. For all other proposal types, enter the budget summary below.

Proposal Budget Summary

Period	Yale Direct Costs	Subaward Costs	Yale Total Direct Costs	F&A	Yale Total Funding Requested
1					
2					
3					
4					
5					
TOTAL					

F&A Rate: _____ Base: _____ F&A Rate: _____ Base: _____

1. Is Yale's full F&A rate applied in this proposal? See schedule: <https://your.yale.edu/research-support/office-sponsored-projects/resources/frequently-needed-yale-facts> Yes No

If NO - Attach sponsor policy documentation of the limit to F&A reimbursement. If requesting a waiver use [Form 1306 FR01 Cost Sharing Approval Request](#).

2. Is any cost sharing reflected in this proposal, including the reduction/waiver of F&A reimbursement? Yes No If yes - Attach [Form 1306 FR01 Cost Sharing Approval Request](#)

3. Are there any personnel included in this proposal whose salary exceeds a legislatively mandated salary cap? Yes No

If Yes, 1. List the names of any individuals on this application whose institutional base salary (IBS) exceeds the amount allowed under the sponsor's regulations ("salary over the cap"); 2. For each individual named, indicate the Yale Designated or Gift and Cost Center that will be used to cover the difference between the IBS and the capped amount as applicable, see [Procedure 1315 PR.03 Salaries above NIH, SAMHSA, and AHRQ Rate Cap](#)

Section IV: Senior/Key and/or Other Responsible Personnel Data

Provide the following information for each person who is identified as senior/key personnel. In addition, indicate others (non-key) identified as responsible for the design, conduct or reporting of the research. Please refer to Section VI for any subrecipient personnel information.

Name: _____	Personnel Type: _____	Responsible: _____	Joint VA Appt? <input type="radio"/> Yes <input type="radio"/> No
Net ID _____	Cost Center#: _____	# Person Months: _____	% Effort: _____ Appt Type: _____
Role: _____	If Other: _____		

Name: _____	Personnel Type: _____	Responsible: _____	Joint VA Appt? <input type="radio"/> Yes <input type="radio"/> No
Net ID _____	Cost Center#: _____	# Person Months: _____	% Effort: _____ Appt Type: _____
Role: _____	If Other: _____		

Name: _____	Personnel Type: _____	Responsible: _____	Joint VA Appt? <input type="radio"/> Yes <input type="radio"/> No
Net ID _____	Cost Center#: _____	# Person Months: _____	% Effort: _____ Appt Type: _____
Role: _____	If Other: _____		

Name: _____	Personnel Type: _____	Responsible: _____	Joint VA Appt? <input type="radio"/> Yes <input type="radio"/> No
Net ID _____	Cost Center#: _____	# Person Months: _____	% Effort: _____ Appt Type: _____
Role: _____	If Other: _____		

Name: _____	Personnel Type: _____	Responsible: _____	Joint VA Appt? <input type="radio"/> Yes <input type="radio"/> No
Net ID _____	Cost Center#: _____	# Person Months: _____	% Effort: _____ Appt Type: _____
Role: _____	If Other: _____		

Section V: Compliance and Approvals

Instructions: Complete the following information regarding work being conducted by Yale. Subrecipient information is captured on the next page.

Will this Project Involve Animals and/or Human Subjects ? If neither please indicate.	In what country is this work being conducted?	Yale Protocol # (If protocol NOT approved, enter pending)	Protocol Approval Date

Guidelines on Export Controls can be found here: <https://your.yale.edu/research-support/office-sponsored-projects/export-controls/guidelines-export-controls> - **NOTE:** When selecting associated countries, all OFAC sanctioned countries [The Balkans (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Macedonia, Montenegro, Romania, Serbia), Belarus, Burundi, Cuba, Congo, Iran, Iraq, Liberia, Libya, Lebanon, North Korea, Somalia, Sudan, Syria, Venezuela, Yemen and Zimbabwe] are identified with an asterisk (*). **NOTE:** If the project involves any interaction with people or institutions in Cuba, Iran, North Korea, Sudan, Russia-Ukraine-Crimea or Syria, you must contact the Director, Export Controls Licensing at 203-785-3817 or donald.deyo@yale.edu.

Will this project involve the transfer of or provision for equipment, materials, data, software, confidential information or services outside the US? If yes, please complete the following: Yes No

To a collaborator named in the proposal? Yes No _____

To a collaborator NOT named in the proposal? Yes No _____

Will this project involve any foreign travel, especially foreign travel with a laptop, computer or other electronic devices? Yes No

_____ Travel with electronic device?
 _____ Travel with electronic device?
 _____ Travel with electronic device?

Does the project (or related agreement) reference or address i) export control regulations and/or ii) restrictions or pre-approval rights over any publications? Yes No
 Don't Know

Does the solicitation (FOA, RFA, RFP, RFQ, etc.) include data security requirements, e.g., FERPA, FISMA, HIPAA or Privacy Act? Yes No
 If yes, review <https://your.yale.edu/research-support/office-sponsored-projects/resources/sponsor-policies-and-procedures> and scroll down to the standard federal agency policies.

Are any of the following materials used in this research?

Recombinant DNA:	<input type="radio"/> Yes <input type="radio"/> No	Radiation Producing Equipment:	<input type="radio"/> Yes <input type="radio"/> No
Hazardous Chemicals:	<input type="radio"/> Yes <input type="radio"/> No	Biohazards:	<input type="radio"/> Yes <input type="radio"/> No
Radioactive Materials/Sources:	<input type="radio"/> Yes <input type="radio"/> No	Class 3b or 4 Lasers:	<input type="radio"/> Yes <input type="radio"/> No
Select Agents:	<input type="radio"/> Yes <input type="radio"/> No	Human Pathogens:	<input type="radio"/> Yes <input type="radio"/> No
Human Gene Transfer:	<input type="radio"/> Yes <input type="radio"/> No	Human Embryonic Stem Cells:	<input type="radio"/> Yes <input type="radio"/> No
Controlled Substances:	<input type="radio"/> Yes <input type="radio"/> No	If yes, provide ESCRO#	<input style="width: 100px;" type="text"/>

For NIH Proposal Only

Does this research project involve the collection of genomic data? Yes No

If Yes, Is there a plan for the submission and subsequent sharing of such data? Yes No
NOTE: If No, then a justification for any data submission exceptions **must** be included in the proposal.

If Yes, related costs of such a plan must be included in the proposal budget Yes No

Section VI - Subrecipient Information

Please complete the section(s) below for each subrecipient identified in this proposal. A Subrecipient Information and Compliance Form must be submitted by each subrecipient prior to proposal submission

1 - Subrecipient Institution Name _____

Will this project involve the transfer of or provision for equipment, materials, data, software, confidential information or services outside the US to a subrecipient? Yes No _____

If the prime sponsor is a [PHS agency](#), a [PHS-like sponsor](#) or the NSF, does the subrecipient institution have a PHS/NSF Compliant COI Policy? If No, enter the name and role of the individual(s) identified by the subrecipient as being responsible for the design, conduct or reporting of the research. _____

Name: _____ Role: _____ Responsible:

Name: _____ Role: _____ Responsible:

Will this Project Involve Animals and/or Human Subjects ? If neither, please indicate.	In what country is this work being conducted?	Yale Protocol # (If NOT approved, enter pending)	Protocol Approval Date

2 - Subrecipient Institution Name _____

Will this project involve the transfer of or provision for equipment, materials, data, software, confidential information or services outside the US to a subrecipient? Yes No _____

If the prime sponsor is a [PHS agency](#), a [PHS-like sponsor](#) or the NSF, does the subrecipient institution have a PHS/NSF Compliant COI Policy? If No, enter the name and role of the individual(s) identified by the subrecipient as being responsible for the design, conduct or reporting of the research. _____

Name: _____ Role: _____ Responsible:

Name: _____ Role: _____ Responsible:

Will this Project Involve Animals and/or Human Subjects ? If neither, please indicate.	In what country is this work being conducted?	Yale Protocol # (If NOT approved, enter pending)	Protocol Approval Date

3 - Subrecipient Institution Name _____

Will this project involve the transfer of or provision for equipment, materials, data, software, confidential information or services outside the US to a subrecipient? Yes No _____

If the prime sponsor is a [PHS agency](#), a [PHS-like sponsor](#) or the NSF, does the subrecipient institution have a PHS/NSF Compliant COI Policy? If No, enter the name and role of the individual(s) identified by the subrecipient as being responsible for the design, conduct or reporting of the research. _____

Name: _____ Role: _____ Responsible:

Name: _____ Role: _____ Responsible:

Will this Project Involve Animals and/or Human Subjects ? If neither, please indicate.	In what country is this work being conducted?	Yale Protocol # (If NOT approved, enter pending)	Protocol Approval Date

4 - Subrecipient Institution Name _____

Will this project involve the transfer of or provision for equipment, materials, data, software, confidential information or services outside the US to a subrecipient? Yes No _____

If the prime sponsor is a [PHS agency](#), a [PHS-like sponsor](#) or the NSF, does the subrecipient institution have a PHS/NSF Compliant COI Policy? If No, enter the name and role of the individual(s) identified by the subrecipient as being responsible for the design, conduct or reporting of the research. _____

Name: _____ Role: _____ Responsible:

Name: _____ Role: _____ Responsible:

Will this Project Involve Animals and/or Human Subjects ? If neither, please indicate.	In what country is this work being conducted?	Yale Protocol # (If NOT approved, enter pending)	Protocol Approval Date

Certifications and Approvals

PI/Multiple PI/Co-PI Certification

I certify that:

The information submitted within the proposal is true, accurate, complete, is my original work, and to the best of my knowledge has not been used by other individuals in the preparation and submission of a similar grant application. Any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and I agree to accept responsibility for the scientific and administrative conduct of the project and will provide the required reports if a sponsored agreement is awarded as a result of the proposal;

I have completed all required Yale faculty training, including Sponsored Projects Administration for Faculty;

I have determined and identified those investigators who I consider to be responsible for the conduct, design, or reporting of the research contained in this proposal for purposes of fulfilling Yale's Financial Interest (COI) Policy and have been assured by each investigator that they currently have an up to date financial interest disclosure on file;

I further agree to comply with any conditions or restrictions imposed by Yale to manage, reduce or eliminate conflicts of interest;

I have completed the Patent Policy Acknowledgement & Agreement form and agree that if in the course of the research conducted under University auspices, as defined in the Patent Policy, I make any invention (whether or not patentable), I will provide to the Yale Office of Cooperative Research (OCR) a written disclosure of the invention, I will and hereby do assign to Yale my rights in that invention as provided by the Patent Policy and I will cooperate with OCR in the preparation of any patent applications;

All personnel on this project including postdocs, students, visiting scientists, have (or will have if not currently hired or arrived at Yale) executed Yale's Patent Policy Acknowledgement & Agreement form prior to initiation of the project in accordance with Yale Policy, as appropriate;

I have determined if additional resources and/or space is required in order to conduct this proposed research and have discussed the potential need for resources and/or space with my chair or dean as appropriate;

All individuals proposed to work on this project are, to the best of my knowledge, not excluded from participation in the federally funded activities as a result of government-wide suspension or debarment;

(If this proposal is to a federal agency and awarded) All individuals named in this proposal, to the best of my knowledge, have not committed any violation(s) of Federal criminal law involving fraud, bribery, or gratuity violations. Should I become aware of any such violations potentially affecting the award, I will contact, in a timely manner, the Office of Research Administration.

(If this proposal is to a federal agency and awarded) I have not used and will not use federally appropriated funds to pay any person for influencing or attempting to influence any officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress with respect to the award, continuation, renewal, amendment, or modification of any of these instruments.

All potential environmental health and safety issues and hazards identified in this proposal, will be disclosed to staff and students who will receive applicable training, authorizations and equipment necessary to perform this work safely; **and**

I have read and understand Yale's Guidelines on Export Controls and I will work with OSP to ensure this project complies with the USA export control laws and regulations.

Principal Investigator/Project Director: _____ Date: _____

Co/Multiple PI/PD: _____ Date: _____
Department Name: _____

Co/Multiple PI/PD: _____ Date: _____
Department Name: _____

Co/Multiple PI/PD: _____ Date: _____
Department Name: _____

Co/Multiple PI/PD: _____ Date: _____
Department Name: _____

Certifications and Approvals (Continued)

Department Administrator

I certify that the budget and administrative information contained on this form and in the attached proposal is complete and accurate to the best of my knowledge. If an award is made as a result of this proposal, it will be administered in accordance with the terms and conditions of the sponsor and University policies.

Administrator/Business Manager: _____ Date: _____

Name: _____ Phone: _____ Email: _____

Other Approvers as Required

Faculty Mentor: _____ Date: _____

VA: _____ Date: _____

CMHC: _____ Date: _____

Other Department Administrator: _____ Date: _____

Name: _____ Phone: _____ Email: _____

Other Department Administrator: _____ Date: _____

Name: _____ Phone: _____ Email: _____

Other Department Administrator: _____ Date: _____

Name: _____ Phone: _____ Email: _____

Other Department Administrator: _____ Date: _____

Name: _____ Phone: _____ Email: _____

Other Department Administrator: _____ Date: _____

Name: _____ Phone: _____ Email: _____