PROPOSAL PROCESSING FORM

Name of funder: ___________________________________________________

Proposal deadline: ________________________________________________

Proposal to be mailed to: _________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Is the proposal a revision, continuation or supplement to a previous grant of funds? ____
If so, specify: ______________________________________________________

1) Title of Proposal ________________________________________________

2) Proposed Activity (Check all that apply)

   _____ Research        _____ Fellowship        _____ Scholarship
   _____ Conference      _____ Training          _____ Production (art, theater, music)
   _____ Endowment       _____ Professorship     _____ Equipment
   _____ Other (specify) _____________________________________________

3) Start Date and Duration of Grant Period ___________________________

4) Funds will be used _____ % on campus _______ % at Stony Brook Manhattan

   _____ % at another location (specify) _____________________________
5) **Project Director**

Name and Title ________________________________

Department or Program _____________________________

Telephone __________________ Fax ___________________

E-mail ________________________________

6) **Advancement Officer** ________________________________

7) **General Budget Information**

______________ Total funds from Stony Brook, if any (direct and in-kind [non-cash])

______________ Total indirect costs written into budget (SBF administrative fee is 15%)

[waived or diminished if grantor requires; provide documentation]

______________ Total funds requested from grantor in the proposal

______________ Requirement for matching funds? Amount & source?

8) **Budget Details**

<table>
<thead>
<tr>
<th>Does the proposed activity involve sub-awards to Personnel or facilities that are unrelated to SBU?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please specify ____________________________________</td>
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<thead>
<tr>
<th>Does the proposed activity involve sub-awards to other institutions or organizations?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>If yes, please specify ____________________________________</td>
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<tr>
<th>Does the proposed activity involve use of SBU</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>If yes, please specify ____________________________________</td>
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<tr>
<th>Does the proposed activity require payroll services?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>If yes, please specify the number of people who require payroll services who are not currently on SBU payroll</td>
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Will a SBU faculty or staff person receive any compensation from grant funds?  

(If yes, please specify and remember to figure appropriate payroll fee and fringe rates into budget)

Will the project involve the creation of a patent or intellectual property issue?  

If yes, please specify

Does the proposal involve “certifiable effort” of participating faculty?  

If so, what percentage of “certifiable effort” will be offset to IFR %  
cost shared % or paid directly by the grant %?

- **IFR** is “income funds reimburse,” which means that money will be paid to SBU to reimburse the school for the percentage of time/money the PI/PD will be compensated for from the grant.
- **Cost sharing** represents SBU’s willingness to share the PI/PD with the project; the PI/PD’s effort is not reimbursed by the grant at all.
- **Direct Pay** occurs when a PI/PD will be compensated directly from the grant (for example, a summer stipend/salary).

Does the proposed project require funding from one or more departments or programs (cash, in-kind, cost sharing, etc.)?  

If so, please acquire signatures from all participating department chairs/program directors. Each must approve the final draft before the proposal is submitted to the Stony Brook Foundation.

Department  
Signature

Department  
Signature

Department  
Signature
9) **Supporting Documents**

Does the proposal need letters of support from the

- President or Provost?
- Department Chair or Dean?
- Executive Dir. of SBF?
- External collaborators?

Does the proposal require

- a Stony Brook Foundation 501(c)(3) certificate?
- financial reports from SBU or the Stony Brook Foundation?

10) **Conflict of Interest**

(applies to all gifts, donations, and grants made to support the activities of named individuals; does not apply to unrestricted gifts, donations, grants to departments and/or programs where individuals are not named)

Has the Conflict of Interest Declaration Form (CID) 8/04 form been completed and filed with the appropriate Dean?  

- Yes

11) **Signatures**

Draft reviewed by Tom Galyean ______________________________

Proposal approved by department or program chair ________________________

Proposal approved by dean of school ________________________________

Budget approved by SBF Business Office ________________________________  
  (Jason Hsueh)

Proposal approved by Advancement Department __________________________