



*Stony Brook Foundation*

## 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 &amp; source? \_\_\_\_\_

8) **Budget Details** Yes NoDoes the proposed activity involve sub-awards to  
Personnel or facilities that are unrelated to SBU? \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Does the proposed activity involve sub-awards to other  
institutions or organizations? \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Does the proposed activity involve use of SBU \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Does the proposed activity require payroll services? \_\_\_\_\_

If yes, please specify the number of people who require  
payroll services who are not currently on SBU payroll \_\_\_\_\_

Yes                      No

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 \_\_\_\_\_