

HOFSTRA UNIVERSITY

Grant and Contract Proposal Internal Review Form

This form is for University records and must be completed each time a grant, contract or subcontract proposal is submitted to a government agency, private foundation, non-profit association or commercial/industrial interest. Therefore, it is requested that applicants provide a copy of all materials for submission to a potential sponsor – or minimally consult with appropriate signatories – at least two weeks in advance of the proposal due date. Pursuant to the University's Financial Conflict of Interest Policy in Relation to Sponsored Projects (FPS #33A), all investigators participating in sponsored research must submit the attached Significant Financial Interest Disclosure Form at least two weeks prior to the proposal due date. Questions regarding these forms may be directed to personnel in the Office for Research and Sponsored Programs at 3-6810.

Project Identification

Proposed Sponsor: _____ Proposal Due Date: _____

Principal Investigator/Project Director: _____ Academic Unit: _____

Other Hofstra faculty involved in project, if any: _____

Project Title: _____

Total Amount Requested (all years): \$ _____ Project Period: _____ - _____

Special Considerations: Which of the following will the grant/contract require or involve (use additional space on next page, if necessary)?

<input type="checkbox"/> Faculty Release Time: <i>Identify source(s).</i>	
<input type="checkbox"/> Cost Sharing Commitments: <i>Identify source(s).</i>	
<input type="checkbox"/> Additional Personnel:	
<input type="checkbox"/> Additional Space Needs:	
<input type="checkbox"/> Other Special Considerations:	

Approval signatures:

- a. Project Director(s) _____ Date _____
- b. Department Chair(s) _____ Date _____
- c. Dean(s) or Executive Director(s) _____ Date _____
- d. Others, as needed
(including Academic Computing) _____ Date _____
- e. Comptroller _____ Date _____
- f. Office for Research and Sponsored Programs _____ Date _____
- g. Provost _____ Date _____

ADDITIONAL NOTES:

Significant Financial Interest Disclosure Form (attached) must be completed for each proposal submitted on behalf of the University.

NSF RCR Requirement: If applicable, if proposal is funded all postdoctoral researchers, and graduate and undergraduate students must complete the RCR Course (via CITI program) PRIOR to their involvement on the research project.

PI's acknowledgment (initials) _____

Use additional space, if necessary:

ORSP Office Use Only

Date of Receipt

- New
- Incremental Funding (progress report)
- Competitive renewal
- Preliminary proposal
- Revised Budget

Check all that apply:

- Research
- Instruction (benefiting Hofstra students)
- Individual Training / Fellowship
- Service (e.g., benefiting area K-12 schools)
- Other _____

Date & Means of Proposal Submission

Date: _____

- Means: USPS (mailroom)
- Overnight service (mailroom)
- Electronic (e.g., FastLane)
- Other _____

HOFSTRA UNIVERSITY
Office for Research and Sponsored Programs

Significant Financial Interest Disclosure Form
Part I

All Hofstra University investigators participating in research sponsored by external funding are required to complete and file a signed Significant Financial Interest Disclosure Form each year. Investigators include the principal investigator/project director and any other person who is responsible for the design, conduct, or reporting of research, educational, or other activities funded or proposed for funding by an external sponsor. Each investigator must complete this form and submit it to the Office for Research and Sponsored Programs at least two weeks before the proposal deadline date, if submitted in connection with a new proposal.

Investigators should consult the Hofstra University Financial Conflict of Interest Policy in Relation to Sponsored Projects for a full description of the Significant Financial Interests required to be disclosed, including a listing of interests that are *not* considered Significant Financial Interests and need not be disclosed.

Investigator Name: _____ Department/School: _____

	Yes	No
Outside Compensation: Have you, your spouse, or dependent child(ren) received in the last twelve months, or expect to receive in the next twelve months, compensation from an entity other than Hofstra University? Compensation includes salary, honoraria, consulting fees, paid authorship fees, and travel that is sponsored or reimbursed if the compensation reasonably appears to be related in any way to your institutional responsibilities for Hofstra University.	<input type="checkbox"/>	<input type="checkbox"/>
Ownership Interests: Do you, your spouse, or your dependent child(ren) have ownership interests (including stock, stock options, and other equity interests, including interests in non-publicly traded entities) that reasonably appear to be related in any way to your institutional responsibilities for Hofstra University?	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Property Rights: Do you, your spouse or dependent child(ren) have any intellectual property rights or interests, including patents, copyrights or other licensing fees, that reasonably appear to be related in any way to your institutional responsibilities for Hofstra University?	<input type="checkbox"/>	<input type="checkbox"/>
Other Interests: Do you, your spouse, or your dependent child(ren) have any other financial interests that reasonably appear to be related in any way to your institutional responsibilities for Hofstra University?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “**Yes**” to **ANY question above**, please complete a separate Part II for **every** outside entity with which you have the relationship(s) indicated above.

Investigator Certification:

- I have read and understand the Hofstra University Financial Conflict of Interest Policy in Relation to Sponsored Projects (Faculty Policy Series # 33A).
- I agree to file a new or updated Significant Financial Interest Disclosure Form if the answer to any of the above questions changes, within two weeks of the change.
- I certify that the answers given above and in Part II of this form are accurate and truthful to the best of my knowledge.

Signature: _____

Date: _____

HOFSTRA UNIVERSITY
Office for Research and Sponsored Programs

Conflict of Interest Form
Significant Financial Interest Disclosure Form
Part II

Complete Part II only if you answered "YES" to at least one of the questions in Part I.

Attach one Part II form for each entity with which you have the relationship(s) indicated in Part I.

Investigator Name: _____

Number of Part II forms submitted: _____, of which, this is number: _____

1. Name of entity: _____

2. Financial relationship(s) with the entity (check all that apply and describe below):

- | | |
|---|---|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Equity Interest | <input type="checkbox"/> Recipient of Honoraria |
| <input type="checkbox"/> Intellectual Property Rights | <input type="checkbox"/> Other |

Describe: _____

3. The financial relationship is between the entity and (check all that apply):

- Self
- Spouse
- Dependent Child(ren)

4. Please describe the business of this entity: _____

5. Have you received in the last twelve (12) months, or do you expect to receive in the next twelve (12) months, payments for salary, consulting, honoraria, royalties, or any other payments, and equity interests, including stock and stock options, that when aggregated for you and your spouse and/or dependent child(ren) have a value greater than \$5,000? Yes No

6. Did you receive sponsored or reimbursed travel from the entity? Yes No If yes, indicate the purpose of the trip, sponsor/organizer, destination, and duration.

7. Is the entity a non-publicly traded entity? Yes No If yes, do you, your spouse, or your dependent child(ren) have an equity interest in it? Yes No

8. What relationship, if any, is there between the business or activities of the entity and your current or planned areas of research?
