APPLICATION TO:

PROJECT TITLE:

APPLICANT NAME:

DEPARTMENT NAME:

APPLICATION TO: [Ex: Ro1, T32, K08]

Electronic Application: [Yes, No, By PI, By AECOM]

By PI: [Yes, No]

By AECOM: [Yes, No]

Deadline Due Date

GL. Pgm #: 

Migration #: 

Building and Room #: 

Tel. No.: 

A. This Application is for a:

Grant

Contract

Sub-Contract: [Yes, No]

Federal Sub-Contract: [Yes, No]

Modular Application: [Yes, No]

This Budget Period: 

From:

To:

EOPP Yr.: ___

B. Type of Application

Laboratory Research

Clinical Research

Program Project

Center

Training

Clinical Service

Salary Award

Fellowship

Equipment

Conference

Drug Trial / Device

Scholar Award

Sub-contract

EPH Research

Other (specify)

C. Classification

Traditional/Hd Cy Terms

Electronic Terms

New

New

Non-competing

Not yet to be used

Renewal (Continuation)*

eSNAP Alternative

Competing Renewal *

Renewal

Supplemental Request *

Revision (Sup/Chgs)

Revision

Resubmission

Other -- Not yet to be used

* Enter current agency and AECOM award numbers:

AECOM Number: ___

AGENCY Number: ___

D. Research Protocols Requiring Pre-Award Approvals

1. Vertebrate Animals

Protocol #: ___

Protocol Approval Date: ___

Signature for Animal Institute / or attach an AA1

STATEMENT NO. 1 -- NO LIVE VERTEBRATE ANIMALS

"Live vertebrate animals will not be involved in this proposal."

Principal Investigator (Signature) Date

2. Human Subjects

CCI #: ___

Signature for Committee on Clinical Investigations (CCI)

STATEMENT NO. 2 - HUMAN SUBJECTS - FOR NON-COMPETING APPLICATIONS ONLY

"There have been no changes in the Human Subject Protocol, the investigators and key personnel, collaborating institutions, or the resources utilized for this project since the last approval or recertification letter (a copy of which is attached) dated ___.

Remember To Attach a CCI Copy: ___

Principal Investigator (Signature) Date

STATEMENT NO. 3 -- NO HUMAN SUBJECTS

"No human subjects will be involved in this proposal, including the use of data or organs, tissues, body fluids, DNA, or other materials from Human Subjects."

Principal Investigator (Signature) Date
3. Hazards in Research

If your research involves: (1) infectious agents known to cause or suspected of causing disease, (2) hazardous chemicals known to cause or suspected of causing illness or disease including cancer, or (3) certain recombinant DNA projects, your application must be reviewed by the appropriate institutional safety committee. For guidance in defining research hazards, please consult the Environmental Health and Safety (EH&S) website at www.aecom.yu.edu/esh. A guidance packet is also available in the EH&S office (Forchheimer 800) and is on reserve in the AECOM library.

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes*</th>
<th>No**</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Infectious Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Bloodborne Pathogens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Recombinant DNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Hazardous Chemicals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Carcinogens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Radionuclides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Other Specify: _____________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If Yes is checked for any category:
  - The signature of the Safety Officer is required.
  - An EH&S Evaluation form must be attached to this application.
  - In addition, if “Yes” is checked to a), or b), or c), a Document of Registration (DOR) must be attached to this application.

* If No is checked for all categories, then STATEMENT No. 4 (below) must be signed by PI.

__________________________
Signature of the Safety Officer

Date

STATEMENT NO. 4 -- HAZARDS IN RESEARCH

If there are no hazardous agents (i.e. a “No” to all of the above) involved in your research (chemical, infectious, radiological, or other), then the following statement must be signed by the Principal Investigator:

"No hazardous agents known to cause or suspected of causing illness or disease (including cancer and no hazardous recombinant DNA projects will be used in the proposed research activity."

__________________________
Principal Investigator (Signature)

Date

4 Use of the Gruss Magnetic Resonance Research Center (MRRC) or Its Staff

* If Yes is checked, then the signature of the Director or Associate Director of the MRRC is required.
* If No is checked, then Statement No. 5 (below) must be signed by PI.

__________________________
Signature of the Director or Associate Director (or designee) of MRRC

Date

STATEMENT NO. 5 -- No use of MRRC

If NO is checked, then the following statement MUST be signed.

"The Gruss MRRC &/or its Staff will NOT be involved in this proposal"

__________________________
Principal Investigator (Signature)

Date

E. Participation of Other Departments - Statement No. 6

(Approval is required if personnel from other departments are budgeted or listed as key personnel on this proposal.)

* If Yes is checked please complete and obtain appropriate signatures (below):

  To be signed by the authorized individuals of the departments other than that of the Principal Investigator who acknowledge their department's involvement in the application/project:

  "I have read the attached application and accept the description of my department's involvement in the proposed project."

__________________________
Name of Department

__________________________
Name of the individual(s) involved

__________________________
Signature of Chairperson or authorized individual

F. Participation of Other Institutions / Affiliates - Statement No. 7

(Approval is required if personnel from other Institutions are budgeted or listed as key personnel or if any other resources of another institution are involved.)

* If Yes is checked please complete and obtain appropriate signatures (below):

  To be signed by the authorized individual of participating institution:

  "I have reviewed the attached application and approve of my institution’s participation in the proposed project."

__________________________
Name of participating institution

__________________________
Signature of authorized individual

Date

Typed/printed name and title of authorized individual

NOTE: A letter from an authorized official of a participating institution will be ACCEPTED in lieu of a signature.
### G. Cost Sharing or Matching Funds?

- [ ] Yes
- [ ] No

### H. Location of Project (For NEW Applications and others with changes in location only.)

If the Kennedy Center is the location, then for News and Competing Renewals, obtain Dr. Faber's initials next to the location.

<table>
<thead>
<tr>
<th>Building, Room No.</th>
<th>Building, Room No.</th>
<th>Building, Room No.</th>
</tr>
</thead>
</table>

### I. Structural Change

- [ ] Yes*  
- [ ] No  

* If Yes is checked please obtain signature (below):

**Associate Dean, Scientific Operations (or designee)**

### Additional Space

- [ ] Yes*  
- [ ] No

* If Yes is checked, please obtain signature (below):

**Associate Dean, Scientific Operations (or designee)**

### J. Federal Monitoring Requirements

1. A Patent Policy Acceptance Agreement must be signed and on file in the Office of Industrial Liaison (OIL) for all AECOM-paid individuals (faculty, postdocs, students, visiting scientists, and research technicians) who are budgeted and/or listed as key personnel on this application. In addition, a signed agreement must be on file for individuals in these categories paid by other institutions if they are budgeted and/or listed as key personnel and are not part of a subcontract to the other institution.

   - All Signed
     - [ ] Yes  
     - [ ] No*  

   * If No is checked, list those who have not signed the Patent Policy Acceptance Agreement and insure that a signed agreement for each is filed with OIL.

   "All budgeted personnel have signed and submitted their Patent Policy Acceptance Agreement except for those listed (above)."

   **Signature for Department or PI**

2. Does any aspect of this proposal raise issues of conflict of interest as defined by the Conflict of Interest Policy for Faculty (which also covers trainees), revised April 16, 1997, and the Policy for Non-Faculty Employees Regarding Conflict of Interest or Commitment, dated April 18, 1994?

   - PI MUST SIGN
     - [ ] Yes*  
     - [ ] No  

   * If Yes is checked, it is the PI's responsibility to ensure that the disclosure provisions in these two policies are followed.

   **Signature of PI**

3. The Internal Revenue Service requires that if consultant costs are budgeted: An Independent Contractor Questionaire (GA FORM 101) is attached for each consultant with budgeted costs.

4. DHHS requires that Clerical and Administrative Salary and Office Supplies be adequately justified. Therefore if a DHHS proposal is either a continuation or a modular application which includes Clerical and/or Administrative Salary or Office Supplies, a Clerical/Administrative Form (GA FORM 105B) or Office Supplies Supplies Form (GA FORM 105C) must be attached.

### Signatures of Approval:

- Department Chairperson, YU Dean of a specific school or designee signature
- Office of Industrial Liaison (if applicable) - below
- Senior Associate Dean (if applicable) - below
- Grant Accounting Department - below
- Associate Dean for Business Affairs or Director of Finance
- Dean's Office for Academic, Scientific or Clinical Review or Yeshiva University Exec. VP for Academic Affairs if applicable.

### To be completed by Grant Accounting

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries &amp; Fringe</strong></td>
<td></td>
</tr>
<tr>
<td><strong>O.T.P.S.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Direct Cost</strong></td>
<td>(A)</td>
</tr>
<tr>
<td><strong>Modified Total Direct Cost (MTDC) Base</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Facilities &amp; Administrative %</strong></td>
<td>(B)</td>
</tr>
<tr>
<td><strong>Total Cost - Yr1</strong></td>
<td>(A)+(B)</td>
</tr>
<tr>
<td><strong>Total Cost - All Years</strong></td>
<td></td>
</tr>
</tbody>
</table>
PRINCIPAL INVESTIGATOR APPLICATION CERTIFICATION

FOR ALL GRANT AND CONTRACT APPLICATIONS

--- For Grant Applications Using PHS398, the effective date is 5/10/06.
--- For Grant Applications Using PHS2590, the effective date is 6/1/06.
--- For Grant Applications Using SF424 (R&R), the effective date is 5/10/06.
--- For all others, where the PI does not sign the Application.

This page is to be included as Page 3b of the Internal Grant Approval Form 6743 for all grant and contract applications; unless the PI signs the application itself (ie: the PI need not submit this page if s/he has signed the grantor’s application). It must be signed by each individual Principal Investigator (PI). Where there are multiple PI's, each one should sign and submit this page.

Principal Investigator/Program Director Certification

Addendum to Page 3 - Signatures of Approval

Print Name of Principal Investigator: _______________________________

-- I certify that the statements and information submitted within this application are true, complete and accurate to the best of my knowledge.

-- I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

-- I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports, if a grant or contract is awarded.

-- I certify that the application that is to be submitted will be the same application that was approved by the Dean’s Office, as documented in this Internal Grant Approval Form 6742 and attachments.

Principal Investigator (Signature) ___________________________ Date ____________

Internal Grant Approval Form 6743
For NIH Proposals you may attach a copy of PHS 398 (Form Page 4) DD, in lieu of this page.

DETAILED BUDGET FOR THE TWELVE MONTH BUDGET PERIOD:

FROM __________ TO ____________

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>% T&amp;E</th>
<th>Cal. Mnths</th>
<th>Acad. Mnths</th>
<th>Sum. Mnths</th>
<th>INST. BASE</th>
<th>SALARY REQUESTED</th>
<th>FRINGE BENEFITS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* NIH requires disclosure of personnel status, if other than a Full Time Equivalent (FTE) employee.

Please refer to the NIH Application Guide if other than a FTE status.

TOTAL PERSONNEL 0 0 0

CONSULTANT SERVICES

TOTAL CONSULTANT (INDEPENDENT CONTRACTOR) SERVICES 0

EQUIPMENT ($3,000 OR GREATER)

TOTAL EQUIPMENT 0

SUPPLIES

ANIMALS: PURCHASES & MAINTENANCE

TOTAL SUPPLIES AND ANIMALS 0

TRAVEL

PATIENT / SUBJECT / CLIENT RELATED COSTS

ALTERATIONS & RENOVATIONS

TRAINEE EXPENSES: STIPENDS

TUITION & FEES

HEALTH INSURANCE

TRAVEL

TOTAL TRAINEE EXPENSES 0

OTHER DIRECT EXPENSES

Miscellaneous other costs

0

SUBTOTAL (AECOM DIRECT COSTS BEFORE SUB-K) 0

CONSORTIUM/CONTRACTUAL COSTS - DIRECT COSTS - SUB-K 1
- SUB-K 2
- SUB-K 3 TOTAL SUB-K DIRECT

SUBTOTAL DIRECT COSTS FOR BUDGET PERIOD (PHS398, Item 7a, FACE Page) 0

CONSORTIUM/CONTRACTUAL COSTS - F&A COSTS - SUB-K 1
- SUB-K 2
- SUB-K 3 TOTAL SUB-K INDIRECT

AECOM TOTAL DIRECT COSTS FOR BUDGET PERIOD (& PHS2590, Item8a FACE Page) 0
## Recap of Training Related Costs and Reimbursement Distribution

Internal Supporting Schedule for NRSA Substitute Form Page 4

For Internal Reconciliation Purposes Only

### Training Related Expenses:

<table>
<thead>
<tr>
<th></th>
<th>Per PHS 398 NRSA Form Page 4</th>
<th>Projected Costs</th>
<th>Reimbursement Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Stipends</td>
<td>Reimbursement</td>
<td>Health Insurance</td>
</tr>
<tr>
<td></td>
<td>Per</td>
<td>Total</td>
<td>Per</td>
</tr>
<tr>
<td>Predoctoral</td>
<td>4,200</td>
<td></td>
<td>2,700</td>
</tr>
<tr>
<td>Postdoctoral</td>
<td>7,850</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>(C)</td>
</tr>
</tbody>
</table>

### Rebudget of Other Costs to Expense Categories:

**Personnel:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>T&amp;E %</th>
<th>Salary</th>
<th>Fringe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Total Personnel

### Other Expenses:

- Equipment
- Supplies
- Other Expenses

Total Other Costs Rebudgeted from Training Related Expenses

### Example Presentation of Tuition and Fees per PHS 398 NRSA Substitute Form Page 4

Use this format when preparing the PHS 398 Detailed Budget

<table>
<thead>
<tr>
<th>Predoctoral Degree</th>
<th>Projected Tuition and Fees</th>
<th># Stipends</th>
<th>Max. Reimb.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>47,701</td>
<td>1</td>
<td>16,000</td>
<td>16,000</td>
</tr>
<tr>
<td>Dual</td>
<td>47,701</td>
<td>3</td>
<td>21,000</td>
<td>63,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>Total</td>
<td>79,000</td>
</tr>
</tbody>
</table>
INSTRUCTIONS

PREPARATION
I. This form must be completed and approval must be obtained from the appropriate signatories PRIOR to
   I. submission to sponsors.
II. INVESTIGATORS ARE NOT AUTHORIZED TO SIGN CONTRACTUAL AGREEMENTS WITH SPONSORS.
   All applications for support, whether to governmental agencies, private foundations, pharmaceutical or other sponsors,
   or individual donors, will be governed by this procedure.
III. If the application is for research with an industrial organization, exclusive of Clinical Trials, you should contact the Office of
    Biotechnology (Scientific Affairs) for assistance. This office will evaluate the qualifications of the prospective sponsor,
    assist with qualifications of the prospective sponsor, assist with the development of a proposal and negotiate an agreement.
IV. It is suggested that you contact your departmental administrator and/or Grant Accounting for assistance in developing the
    financial components of your application prior to submission.
V. Issues which affect inter-departmental, inter-institutional, or clinical programs should be reviewed with the appropriate
   Associate Dean.

SUBCONTRACTS
VI. Whenever there are sub-contract costs, it is the responsibility of the PI or department to obtain sufficient documentation
    that will support such costs. Generally this includes documentation similar to that which AECOM submits to NIH
    to support proposal expenditures, e.g., a Consortium Agreement (or FACE and Checklist pages), budget and
    written justification (or summary), fringe Benefits and Facilities and Administration Costs rate documentation, etc.

INTERNAL SUBMISSION PROCESS
VII. After being signed by the applicant, routing for review and signatures is as follows:
   (a) Chairperson of Applicant's department.
   (b) Animal Institute, CCI, Safety and Scientific Operations, MRRC, as required. Statements 6 and 7. when applicable.
   (d) Office of Industrial Liaison, when applicable. (Applies only to contracts with industrial organizations)
   (e) Senior Associate Dean, when applicable. (Applies to all NEW applications for
      clinical research, clinical service or drug trial/device.)
   (f) Grant Accounting Department of the Financial Division.
   (g) Dean's Office for final review and signatures.
   1. It is the responsibility of the applicant to route the application from (a) through (f) (above).
      - Non-Competing Renewals should be submitted during the first two weeks of the month.
      - Allow eight (8) working days for processing through steps (f) and (g) (above).
      - For electronic submissions through Grants.gov, you should anticipate 5 more days to submit.
   2. The Applicant is primarily responsible for the accuracy and completeness of applications. If your proposal
      submitted for internal review has any blanks or omissions which you expect Grant Accounting to complete,
      these blanks or omissions must be checked by the applicant before submission to grantors. Administrators
      must ensure all signatures and documentation has been completed. An incomplete Internal can be returned.
   3. The Dean's Office will notify the applicant when the application can be picked up.

VIII. INTERNAL PACKET MUST INCLUDE EACH OF THE FOLLOWING:
   (a) A PI SIGNATURE (and/or other personnel signatures, when applicable) IS REQUIRED.
      When the PI does not sign the application, Internal Page 3b must be completed and signed by each PI.
   (b) DETAILED BUDGET PAGE 4 IS REQUIRED. COMPOSITE BUDGET PAGES ARE REQUIRED for
      for proposals of more than one year. Applications may use PHS398 Form page 4 (in lieu of page 4).
      The budget for future years' support is required for all applications lasting more than one budget
      period. When subsequent years contain annual increment increases only, then a composite page
      for all years is sufficient.
   (c) APPLICATION PAGES WITH BUDGETARY / FINANCIAL INFORMATION S/B INCLUDED.
      --- At least pages 1 and 2 of the SF424, and budget pages s/b submitted with the Internal.
      --- For PHS 398 Application: Face Page - AA, Page 2 - BB, Checklist - Page II. For PHS 2590
      Non-Competing "SNAP": FACE page - AA, Progress Report Summary, Page E including Other
      Support and Budget Checklist, and any other required budget and personnel pages.
   (d) A WRITTEN JUSTIFICATION OR ABSTRACT OR SUMMARY PAGE IS REQUIRED.
   (e) The Administration may request a copy of any other data which is to be submitted to the sponsor prior to approval.
INTERNAL GRANT APPROVAL
SUPPORTING FORMS
(In order of appearance)

Form
Reference

Animal Institute
Page 1, D.1  - Animal Use Assurance for Revisions and Non-Competing Renewals (Form AA-1) *

EH&S (Environmental Health & Safety)
Page 2, D.3  - Registration of Recombinant DNA Research and Research Involving Infectious Material - Document of Registration (DOR)
Page 2, D.3  - AECOM Environmental Health & Safety Evaluation Form

General Requirements **
Page 2, F.  - Statement of Intent to Enter Into a Consortium Agreement (GA CONSORT A & B)
Page 3, J.1  - (Patent Policy) Acceptance Agreement

Grant Accounting **
Page 3, J.3  - Independent Contractor (Consultant) Questionaire (GA FORM 101)
Page 3, J.4  - Determination and Approval for Directly Charging Administrative and Clerical Salary to Grants (GA FORM 105B)
Page 3, J.4  - Determination and Approval for Directly Charging Program Supplies to Grants (GA FORM 105C)

* New Form.  All other Supporting Forms were previously in use.
** These forms are available from Grant Accounting.
GUIDE TO USING THIS FILE

Summary of recent changes
This file contains all the Internal Grant Approval Form 6743, Rev 1/21/08 (Internal) pages plus this Guide and Page 6-Supporting Forms. Much of it has been presented to Department Administrators in draft form in January, 2007 and at the summer 2007, Grant Accounting Department Administrators Meeting. Note that it contains changes, most of which were made in response to the NIH required changes implemented in May, 2006 and August, 2007.

To Use this file - read the instructions on page 5 and:
- Roll through each page (worksheet) and enter the necessary information. Save the file.
- Click each page (worksheet name) and click the print icon.
- Obtain the necessary signatures and other information that must be manually entered onto the printed pages and process in the same manner as the original manual hard copy form.

Overall Changes to the previous Internal are listed below:
-- Principal Investigator Application Certification - Page 3b is required for all proposals, unless the PI signs the specific application.
-- Instructions Page 5 has been modified accordingly.
-- Signature of PI locations are now shaded to more easily identify where PI's sign.

Specific Changes:
Page 1:
-- "Grant Program#", "Deadline Due Date", and Electronic Submission boxes are inserted in the upper right of the page. These are for any proposal that is to be electronically submitted.
-- End of Project Period Year (EOPP) inserted in Section A.
-- Classification Categories in Section C are listed for traditional and electronic proposals. For example, a traditional Revision is now a Resubmission when submitted via grants.gov.
-- Human Subjects - Statement #2 - has a second reminder regarding ATTACHING the latest CCI Approval Letter, which is a common omission.

Page 2 - #4 - The MRRC usage is inserted.

Page 3:
-- Chairperson Approval now includes YU Dean signature, whenever appropriate.
-- "Total Cost - Years 1" and "Total Cost-All Years" have been inserted; primarily to assist AOR's

Page 4:
-- Months Devoted to the Project (an NIH requirement) is inserted.
-- Personnel - Commentary inserted regarding a less than Full Time Equivalent (FTE) personnel, which must be disclosed parenthetically in an application's justification when applicable.

The Budget (Page 4) has formulas to assist in the calculation.
--- These fields now have "0", though you may elect to remove the formulas and calculate everything yourself. We recommend you use the formulas (though you may have to modify them yourself). An example is the changing fringe benefit rate, which changes each month.
Use of the formulas can save time and promote accuracy.
--- You may continue to use a hard copy of the form and manually type in the information. When you prepare the budget manually, we prefer that you remove the formulas with their "0", to avoid confusion.

Training and Fellowship applications
As you know, preparers of Training and Fellowship applications (T32's and F31 /2 /F32's) do not have to prepare a detailed (Internal) budget. However, Page 4a should be prepared for all NIH Training and Fellowship applications for grants that require the new training requirements (which were announced August 16, 2007). The new requirements include:
--- Health Insurance is now in Training Related / Institional Allowance Expenses of the PHS398.
--- Pre-doc health insurance is limited to 2,700 per trainee for Internal AECOM purposes.
--- Tuition and Fees are capped at 16,000/single and 21,000/dual degree stipends for PHS398.
--- A Travel range of between 400 and 1,000 per trainee was indicated in the Guide Notice. It was noted that an agency's range may vary and should you feel justified, you may budget more.

A Separate Internal Supplement file, On Our Webpage, provides Supporting Forms
The Supporting Forms (Page 6) is supplemented, on our webpage, with copies of the actual forms. They include the (1) Patent Policy Acceptance Agreement, ICQ, Consortium Statements, etc.