

INTERNAL GRANT APPROVAL FORM 6742 (EXCEL FORMATTED) GUIDE TO USING THIS FILE

This file contains all the Internal Grant Approval Form 6742 pages plus this guide (which will assist in the Form's preparation). It has been revised effective 7/15/05. The current file is "INTERNAL GRANT APPROVAL FORM GA 6742 REV 7/15/05".

- Each page is presented on a separate spreadsheet whose name corresponds with the Form's page number.

- Each sheet has specifically defined (1) fields (with specific fonts, size, and range justifications) where you may enter your information, and (2) print ranges, to ease in hard copy printing.

To Use this file:

- Simply "roll through" the page and enter the necessary information. Save the file. Click each page (Sheet 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. See Page 4, Instructions.

Two Other Items To Note

The Budget (Page 5) has formulas to assist in the calculation.

These fields now have "0", though you may elect to remove the formulas and calculate everything yourself. You may, for example, chose to enter the budgeted salary rather than have the formula apply the effort % times the institutional base salary. We recommend you use the formulas as they will save you time and promote accuracy.

You may continue to use print a hard copy of the form and manually type or print the required information and process in the same manner as before.

ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY

THIS FORM MUST ACCOMPANY ALL GRANT AND CONTRACT APPLICATIONS

APPLICATION TO: PROJECT TITLE: APPLICANT NAME: DEPARTMENT NAME: Gt. Pgm # DATE BUILDING AND ROOM # TEL. NO. APPLICANT SIGNATURE

A. This Application is for a: Grant Contract Sub-Contract: Modular Application Yes No Federal Sub-Contract Yes No This Budget Period: From: To:

B. Type of Application 1 Laboratory Research 2 Clinical Research 3 Program Project 4 Center 5 Training 6 Clinical Service 7 Salary Award 8 Fellowship 9 Equipment 10 Conference 11 Drug Trial / Device 12 Scholar Award 13 EPH Research 14 Other (specify)

C. Classification 1 New 2 Non-competing Renewal (Continuation)* 3 Competing Renewal * 4 Supplemental Request * 5 Revision 6 Other * Enter current agency and AECOM award numbers: AECOM Number: 9526- AGENCY Number:

D. Research Protocols Requiring Pre-Award Approvals

1. Vertebrate Animals Yes No * If Yes, Animal Institute (AI) signature is required on all applications except revisions or non-competing renewals with no changes. For revisions or non-competing renewals with no changes, complete and attach Form AA1, Animal Use Assurance Statement for Revisions and Non-competing Renewals. If there are no changes, an AI signature is not required. ** If No, then STATEMENT NO.1 (below) must be signed by PI. Signature of Animal Institute is not required. STATEMENT NO. 1 -- NO LIVE VERTEBRATE ANIMALS "Live vertebrate animals will not be involved in this proposal." Principal Investigator (Signature) Date

2. Human Subjects Yes No * If Yes and a Non-Competing Renewal, without any Human Subject change, then STATEMENT NO.2 (below) must be signed by PI. CCI signature is not required. * All others checked "Yes" require CCI signature. ** If No, then STATEMENT NO. 3 (below) must be signed by PI. 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 .". 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, (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 office (Forchheimer 800) and is on reserve in the AECOM library.

- a) Infectious Agents Yes* No**
- b) Bloodborne Pathogens Yes* No**
- c) Recombinant DNA Yes* No**
- d) Hazardous Chemicals Yes* No**
- e) Carcinogens Yes* No**
- f) Radionuclides Yes* No**
- g) Other Specify: _____ Yes* No**

* 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 Gross Magnetic Resonance Research Center (MRRC) or Its Staff

Yes * No

* 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 Gross MRRC &/or its Staff will NOT be involved in this proposal"

Principal Investigator (Signature)

Date

E. Participation of Other Departments - Statement No. 6

Yes * No

(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

Yes * No

(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 initial's next to the location.

Building, Room No. _____

Building, Room No. _____

Building, Room No. _____

I. Structural Change

Yes*

No

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

Additional Space

Yes*

No

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 (below)

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 Questionnaire (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

To be completed by Grant Accounting

Salaries & Fringe _____

O.T.P.S. _____

Total Direct Cost _____

0

Facilities & Administrative Base _____

Facilities & Administrative _____ %

0

HUMAN SUBJECTS

INTERNAL GRANT APPROVAL FOR GA6742 - ADDENDUM TO J, Page 3

For Continuation, Competing Renewal, Revision Applications with Human Subjects

J. Federal Monitoring Requirements - Addendum - For Applications With Human Subjects

5. Protection of Human Subjects Certification - PI's please complete and sign this form for (check one):

CONTINUATION COMPETING RENEWAL OR REVISION

Assurance must be provided to NIH that all key personnel on this proposal, which has Human Subjects, must have been adequately educated as to the Protection of Human Subjects before a grant can be awarded. Key Personnel are defined on Page 11 of PHS 398 Application Instructions. They can include, but are not limited to employees of: AECOM, other institutions, affiliates, sub-contractors, collaborators, outside consultants. Such Key Personnel are generally listed on PHS 398 Page 2 (PHS 398 Page BB) of your application; which should be submitted with your Internal Grant Approval Form 6742.

"All Key Personnel have completed the required course concerning the Protection of Human Subjects." Investigators who are submitting an NIH Non-Competing Renewal Application must disclose this information in the current grant's Progress Report that is submitted to NIH. Investigators who are submitting all other applications, should expect to provide the required information before or as part of the NIH Just-In-Time requests, before the grant is awarded.

Yes No * Check one box and sign below.

* If No is checked, list (below) those who have not completed the required course and the anticipated or projected completion date of the education requirement.
If No is checked and it is a Continuation, the application cannot be submitted until all applicable Key Personnel have taken a required course.

<u>Name of Key Personnel</u>	<u>Projected Completion Date</u>	<u>Source: CITI, or Other</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Principal Investigator

PRINCIPAL INVESTIGATOR APPLICATION CERTIFICATION

FOR ALL NIH 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

This page is to be included as Page 3b of the Internal Grant Approval Form 6742 for all electronically submitted grant and contract applications. It must be signed by each individual Principal Investigator (PI). Where there are several PI's, there will be several Page 3b's; each one signed by an individual PI.

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 submitted is 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

INSTRUCTIONS

- I. This form must be completed and approval must be obtained from the appropriate signatories PRIOR to submission to sponsors.
- II. All applications for support, whether to governmental agencies, private foundations, pharmaceutical or other corporate sponsors, or individual donors, will be governed by this procedure. Investigators are NOT authorized to sign contractual agreements with sponsors.
- III. 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.
- IV. If the application is for research with an industrial organization, exclusive of Clinical Trials, you should contact the Office of Industrial Liaison for assistance. This office will evaluate the qualifications of the prospective sponsor, assist with the development of a proposal and negotiate an agreement.
- V. Issues which affect inter-departmental, inter-institutional, or clinical programs should be reviewed with the appropriate Associate Dean.
- 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.
- 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, as required.
 - (c) Statements 5 and 6, 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).
 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. In addition, the completeness of all signatures must be checked.
 3. The Dean's Office will notify the applicant when the application can be picked up.
- VIII. All original applications MUST include each of the following application forms:
 - (a) An original PI signature (and/or other personnel signatures at AECOM, when applicable) is required on any application page which is submitted for an original central administrative signature.
 - (b) This Internal Grant Approval Form GA 6742. PHS Grant Applications may include PHS 398 Form Page 4 (DD) in lieu of Page 5 (Detailed Budget) of this form.
 - (c) Budget and Justification. For Modular Applications, the Modular Justification page replaces the standard Justification format.
 - (d) 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.
 - (e) Future years' support (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.
 - (f) If required by agency, the "Other Support" portion of the application. (Biosketches if a Modular application.)
 - (g) 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) Questionnaire (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.