

St. John's University
Project Authorization & Budget Summary (PABS)
Office of Grants and Sponsored Research (OGSR)

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OGSR use only
 Submission Number

1 _ _ _ _

Principal Investigator/Project Director (Last Name, First Name)		Extension	
School	Department	E-mail	
Co-Project Investigator (Last Name, First Name)			
Sponsor (Funding Agency)		Fax	
Title of Proposal			
Proposed Start Date (mm/dd/yy)		Proposed End Date (mm/dd/yy)	
		Grant Number	
Amount Requested			
Year One Request:	Direct:	Indirect:	Total:
Full Project Period Request:	Direct:	Indirect:	Total:
Deadline Details			
Electronic Date:	Postmark Date:	Receipt Date:	

Proposal Type: ☐ New ☐ Resubmission ☐ Renewal ☐ Continuation
☐ Supplement ☐ Subcontract ☐ Other

Project Type: ☐ Research ☐ Training ☐ Service ☐ Other _ Fee For Service

For items below, check yes or no and provide details on attached Budget Summary.

Course reduction requested ☐ Yes ☐ No Cost Sharing Yes ☐ No ☐ (If yes, see page 4 for details)

Additional space required Yes ☐ No Collaborations w/other dept's/orgs Yes ☐ No ☐

Additional Personnel to be hired ☐ Yes ☐ No (If yes, provide contact info to your OGSR representative)

Project location ☐ On Campus (Bldg/Room) ☐ Off Campus

Equipment for project ☐ Available ☐ Requested

Human Subjects ☐ Yes ☐ No

Laboratory Animals ☐ Yes ☐ No

Approval Date:

Approval Date:

(If Human Subjects (HS) or Lab Animal approval is needed, contact appropriate committee as soon as proposal is submitted. nitopim@stjohns.edu for HS, trombetl@stjohns.edu for Lab Animals.)

Project Approvals

A. Project Director/Principal Investigator

In accordance with government requirements and University policy I certify (1) that the information submitted within the application is true, complete and accurate to the best of my knowledge, including, if the sponsor is a Federal agency, the Certification regarding Debarment, Suspension and Other Responsibility matters which is included in this form; (2) that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties; and (3) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application. Note: When multiple PIs are proposed in an application, these assurances must be retained for all named PIs.

Signature _____ Date _____

B & C. Department Chair and Dean

The attached proposal and associated budget have been reviewed and approved. All arrangements have been made to provide any space, renovations, or special facilities when needed. Any required cash or in kind support included in budget will be provided by department, school or unit identified in narrative if an award is made.

B. Department Chair

Signature _____ Date _____

C. Dean

Signature _____ Date _____

D. Director, OGSR

Signature _____ Date _____

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F. Controller or Chief Financial Officer of the University (required for university cost sharing)

Signature _____ Date _____

Regulatory Compliance

Radioactive Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recombinant DNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Select Agents/Toxins	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Biohazardous Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazardous Chem/Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you checked yes for any of the above, Office of Environmental Health & Safety will contact you.

OGSR use only:

Sent to Environmental Health & Safety:

Date:

Notes:

Instructions for Certification

1. By signing and submitting this Project Authorization & Budget Summary, the Principal Investigator/Project Director is providing the certification set out below.
2. The inability of a Principal Investigator/Project Director to provide the certification required below will not necessarily result in denial of this proposal by the Federal Government. The Principal Investigator/Project Director shall submit an explanation of why the certification set out below cannot be provided. The certification or explanation will be considered in connection with the Federal Government's determination whether to make an award. However, failure of the Principal Investigator/Project Director to furnish a certification or explanation shall disqualify such person from participation in any award that results.
3. The certification is a material representation of fact upon which reliance will be placed when the Federal Government determines whether or not to make an award. If it is later determined that the Principal Investigator/Project Director knowingly rendered an erroneous certification, in addition to other remedies available, the Federal Government may terminate the award for cause or default.
4. The Principal Investigator/Project Director shall provide immediate written notice to the University if at any time the Principal Investigator/Project Director learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

- (1) The Principal Investigator/Project Director certifies, to the best of his/her knowledge and belief, that he/she:
 - (a) is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) has not within a three year-period preceding this proposal been convicted of or had a civil judgment rendered against him/her for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property;
 - (c) is not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offences enumerated in paragraph (1) (b) of the certification; and
 - (d) has not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the Principal Investigator/Project Director is unable to certify to any of the statements in this certification he/she will attach an explanation to this proposal.

Instructions

This Project Authorization and Budget Summary Form is an internal routing and approval form for sponsored programs administered at St. John's University and must accompany all proposals for research, training and related activities to be submitted to external sponsors.

1. PI/PD completes Summary Form, signs the required certification, and submits it with the proposal and budget for approval by the department chair. The chair approval is indicated by his/her signature.
2. Dean indicates approval by his/her signature and returns form to PI/PD.
3. PI/PD delivers signed Project Authorization and Budget Summary Form with complete proposal to Office of Grants & Sponsored Research (OGSR). If proposals arrive at OGSR fewer than 5 business days before the published deadline, submission may not meet deadline. If the proposal involves collaborations with other institutions, cost sharing or electronic submission, additional lead time is required. Please consult OGSR for submission deadline requirements.
4. OGSR reviews proposal and routes for final approval.

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Budget Summary

Attach additional years if there will be a change in effort.

Note: When entering responses in each of the fields below, press TAB after each entry to move to the next field.

Academic Year/Course Buyback

Faculty Name	Base Salary	% Effort	Salary	Fringe Benefits	Totals
Total					

Calculations

Fringe Benefits = Salary/Project x

Summer Salary/Part Time

Faculty Name	Summer Salary	% Effort	Salary/Project	Fringe Benefits	Totals
Total					

Calculations

Fringe Benefits = Salary/Project x

Additional Compensation

Calculations

Fringe Benefits = Salary/Project x

Employee Name	Base Salary	% Effort	Salary	Fringe Benefits	Totals
Total					

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In Kind Effort

Employee Name	Base Salary	% Effort	Salary	Fringe Benefits	Totals
Total					

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Graduate Assistant(s)/Doctoral Fellows
of GA's/DF's approved

				Tuition Remission	
GA/DF Name	Salary (\$)	Fringe Benefits	Tuition (\$)	St. John's University	Sponsor
Total					

Calculations

Fringe benefits vary depending on period of employment. Please contact your OGSR representative.

Indirect Cost Recoveries

Base	Percentage	Total IDC

Description of BASE in Calculation (excluded categories):

Cost Sharing

University Contribution Description:

In Kind Description:

Additional Notes

Notes:

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Please review the above information. If you have any questions or corrections to this summary please contact the Grants Office immediately.

Financial Conflict of Interest Disclosure Form

This form has been designed to aid in the implementation of the St. John's University's policy on "Financial Conflict of Interest on Grants, Contracts, & Sponsored Projects."

The University's Policy on Financial Conflicts of Interest was developed in response to regulations published by the National Science Foundation (NSF) and the U.S. Public Health Service (PHS) in 1994 and 1995. These regulations affect proposals submitted on or after October 1, 1995. Under this policy, a Financial Conflict of Interest Disclosure Form must be submitted by all persons who hold a key role in the performance of a project funded either directly or indirectly (e.g., subcontract) by any agency.

Effective August 24, 2012, in the case of investigators working on NIH grants, there is a more stringent requirement that the aggregate financial benefit cannot exceed \$5000 for the prior 12 month period for the investigator as well as family members or those living in the same household.

The NSF and the PHS have generally agreed that the following persons perform a key role or function and, therefore, must submit a Disclosure Form: the principal investigator or project director, all co-PI's or co-Pd's and any other person at the institution who is responsible for the design, conduct or reporting of research funded or proposed for funding.

Persons completing this form are expected to have read the referenced University Policy.

Separate Disclosure Forms must be completed for each person engaged in a key role on the proposed sponsored project.

Investigator Name:

Department/School: /

Questions

1. Do you, your spouse or child(ren) hold a position of management, such as board member, director, officer, partner, trustee, employee, or consultant with a sponsor, a vendor, or (sub) contractor related to the sponsored program activity?

☐ Yes. ☐ No. If yes, please describe on a separate page the nature and extent of your affiliation.

2. Do you, your spouse or child(ren) have significant financial interest in a Sponsor, a vendor or (sub) contractor related to your sponsored program activity? Significant financial interest includes stock, stock options, and/or any other ownership interest valued at more than \$10,000 (\$5,000 for NIH grants) or 5% ownership.

☐ Yes. ☐ No. If yes, please describe on a separate page the nature and extent of your affiliation.

3. Is it reasonable to anticipate that your financial interest could be directly and significantly affected by the design, conduct, or reporting of your sponsored program activity?

☐ Yes. ☐ No. If yes, please describe on a separate page the nature and extent of your affiliation.

4. Are you submitting a proposal to the NIH or are you currently funded by the NIH?

☐ Yes. ☐ No. If yes to question 4, you certify that you are adhering to all the NIH requirements for FCOI including those outlined in the August 24, 2012 update and acknowledge the terms and conditions of the NIH Late Policy. The full details of this policy can be found in the SF424 or by request from OGSR. You understand and acknowledge that submission errors cannot be corrected after a stated NIH submission deadline and such errors will prevent the application from being accepted and reviewed by Grants.gov and NIH.

Financial Conflict of Interest Disclosure Form

Investigator Certification:

- I certify that I have read STJ's policy on Financial Conflict of Interest on Grants, Contracts, & Sponsored Projects.
- I certify that I made all required financial disclosures and that I will update those financial disclosures during the course of this grant if any circumstances regarding a conflict of interest change.
- (If the program leader, principal investigator or project director) I have made every effort to ensure that all Researchers responsible for the design, conduct, or reporting of the research have submitted the required disclosures
- If a Resolution Plan is in place prior to requesting the expenditure of award funds, I will have reached an agreement with STJ (Memorandum of Understanding) that provides for any conditions or restrictions necessary to manage reduce, or eliminate any conflicts of interest under STJ policy.

Signature_____Date:_____

Project Title:

Sponsor :

Special Notes (if any):

I have reviewed the above with the principal investigator.

Dean Signature:_____ Date:

Please type or print clearly. Note: Italicized words used on this form have been defined in the University's policy statement.