PROJECT PROPOSAL FORM
RISD Research

Proposal Type: □ New  □ Pre-proposal  □ Renewal  □ Revision  □ Continuation  □ Supplement
Activity Type: □ Research  □ Instruction/Training  □ Equipment  □ Travel  □ Partnered Research Project

PROPOSAL INFORMATION

Name __________________________________________ Phone ______________________ Fax ________________ E-mail Address __________________________
Principal Investigator Co-Principal Investigator Personnel Status: Full-time/Part-time

Name __________________________________________ Phone ______________________ Fax ________________ E-mail Address __________________________
Principal Investigator Co-Principal Investigator Personnel Status: Full-time/Part-time

Sponsor/Agency __________________________________________ Original Sponsor (If sub-award/subcontract) __________________________ Submission Deadline __________________________

Proposal Title __________________________________________

ASSURANCES/COMPLIANCE

Does the project involve: ____________________________ Does the project include: ________________
Yes No Subcontracts
Additional Space Yes No Course Release
Purchase of Equipment Yes No Additional Personnel
Consultants
Biohazards
Animals

Human Subjects

If yes, □ Approved Approval Date: __________________________
Protocol #: __________________________
or □ Pending Date Submitted: __________________________
or □ Exempt Exemption #: __________________________

BUDGET INFORMATION

The information below to be completed by RISD Research:

Budget
Start Date ________________ First Period Total Project Period ________________
End Date ________________ Indirect Cost Rate: ________________%
Direct Costs __________________________ Indirect Cost Base: □ MTDC □ TDC □ Salaries & Benefits
Indirect Costs __________________________ Waiver □ None Allowed
Total Costs __________________________

Cost-Sharing: Is there cost-sharing on this project? □ Yes □ No If Yes, □ Required by Sponsor □ Voluntary
What is the amount of total cost sharing? $ ________________ Account No. for cost sharing: __________________________

Subcontract(s)
Name of School(s) __________________________

Statement(s) of Work □ Budget(s) □ Budget Justification(s) □ F&A Rate Agreement(s) □ Letter(s) of Intent

Signature of Director of Academic Budgets & Resources: __________________________
Biohazards  Yes☐ No☐  
If yes, complete the following. If no, no signature is required.

Describe use of: ________________________________

Signature Environmental Health & Safety Manager: ________________________________  
Date ____________________

Additional Space  
Describe: ________________________________

Additional personnel  
Describe: ________________________________  
Position/Title: ________________________________  
Hrs/week: ________________________________  (circle one) Full-time /Part-time /Temp.  
Signature Dean of Faculty Department: ________________________________  Date: ____________________

Consultants  
Describe: ________________________________  
Is there a consultant agreement on file for this individual? Yes☐ No☐

Intellectual Property Policy: The Principal Investigator and Co-Principal Investigators involved in this project have read RISD’s Intellectual Property Policy and will adhere to the conditions set forth within said policies.  
Responsible Conduct of Research Policy: The Principal Investigator and Co-Principal Investigators involved in this project have read RISD’s RCR Policy regarding the training requirement of all personnel, including students paid on NSF grants and will adhere to the conditions set forth within said policy.  
Conflict of Interest Policy: The Principal Investigator and Co-Principal Investigators have read and understand RISD’s policy on Conflict of Interest, have made all required disclosures and will comply with any conditions or restrictions imposed by RISD to manage, reduce or eliminate conflicts of interest.

Signature Principal Investigator(s): ________________________________  Acknowledgement of above policies? ☐Yes ☐No

By my signature below, I attest that I have reviewed and approved this proposal:

Signature Department Head(s): ________________________________  Date: ____________________

Signature Director of External Grants: ________________________________  Date: ____________________

Signature Vice Provost: ________________________________  Date: ____________________