



ORA Project # (ORA Use Only)

Part 1 - Initial Proposal Information

Please download the PAF, save it, and then reopen the PAF from your computer before completing it.

Project Director/Principal Investigator (PD/PI)

<input type="text"/>	<input type="text"/> <i>Division</i>	<input type="text"/> <i>Title (for PI Eligibility) - see list on next page</i>	
<input type="text"/> <i>First Name</i>	<input type="text"/> <i>Last Name</i>	<input type="text"/> <i>Employment Type</i>	<input type="text"/> <i>PI Telephone</i>
<input type="text"/> <i>Department/Unit</i>	<input type="text"/> <i>PI Supervisor's Name</i>	<input type="text"/> <i>PI Email</i>	

Sponsor/Funding Source

<input type="text"/> <i>Sponsor Name</i>	<input type="text"/> <i>Sponsor Contact Name</i>	<input type="text"/> <i>If NIH funded, Institute</i>	
<input type="text"/> <i>Sponsor Type</i>	<input type="text"/> <i>Sponsor Contact Title</i>	<input type="text"/> <i>If NIH funded, mechanism</i>	
<input type="text"/> <i>Level of Funding to Brandeis</i>	<input type="text"/> <i>Sponsor Contact Street Address</i>	<input type="text"/> <i>Sponsor Contact Country</i>	
<input type="text"/> <i>If Subaward, Originating Funder Name</i>	<input type="text"/> <i>Sponsor Contact Street Address</i>	<input type="text"/> <i>City</i>	<input type="text"/> <i>State</i>
<input type="text"/> <i>Originating Funder Type</i>	<input type="text"/> <i>Contact Email</i>	<input type="text"/> <i>Zip Code</i>	<input type="text"/> <i>Contact Telephone</i>

Submission/Project Information

<input type="text"/> <i>Proposal Type</i>	<input type="text"/> <i>Proposal Attempt No.</i>	<input type="text"/> <i>Funding Opportunity Number</i>
<input type="text"/> <i>Funding Type</i>	<input type="text"/> <i>Project Type</i>	<input type="text"/> <i>Due Date</i>

Project Title

Additional Reviews and Approvals

Does this project require [PD/PI or co-PD/PI Eligibility](#) approval? Yes No If yes, complete [Attachment A](#)

Does this project include funds to support work performed by another Organization? Yes No If yes, complete [Attachment B](#)



Brandeis

UNIVERSITY

Office of Research Administration

Titles That Automatically Confer PI Eligibility

Please complete Attachment A to establish PI eligibility if title is not listed.

Universitywide Titles

Tenured and Tenure-Track Faculty

Assistant Professor

Associate Professor

Professor

Additional Heller School Only Titles

Faculty Outside Tenure Track (includes research faculty)

Assistant Professor

Associate Professor

Professor

Senior Research Associate

Scientist

Senior Scientist

Distinguished Scientist

Senior Fellow

Additional Centers and Institutes Only Titles

Faculty Outside Tenure Track (includes research faculty)

Assistant Professor

Associate Professor

Professor

Senior Research Associate

Director

Associate Director

Research Scientist



Part 2 - Proposal Submission Information

Project Director/Principal Investigator (PD/PI)

First Name _____ **Last Name** _____

Project Title _____

Funds Requested from Sponsor

Budget Period	Start Date	End Date	Direct Cost	F&A Rate	F&A Base Amount	F&A Cost	Total Cost
1							
2							
3							
4							
5							
Total							

Compliance Information

Human Subjects? Yes No IRB Protocol No.: Approval Date:

Is this an [NIH supported clinical trial](#)? Yes No

Vertebrate Animals? Yes No IACUC Protocol No.: Approval Date:

Recombinant or viral DNA, select agents or toxins, infectious agents, biohazardous agents or human blood, blood products or food-borne pathogens? Yes No

IBC Protocol No.: Approval Date:

Check if project involves: Radiation Radioactive Materials Lasers and/or laser-equipped instruments

Please contact Robin Bell, Radiation Safety Officer, (bell@brandeis.edu), as this will require Radiation Safety Committee approval.

Additional Reviews and Approvals

Does this project include other Brandeis Key Personnel? Yes No If yes, complete [Attachment C](#)

Does this project require an F&A Exception? Yes No If yes, complete [Attachment D](#)

Does this project include Committed Cost Sharing? Yes No If yes, complete [Attachment E](#)

Does this project have Special Costs associated with it requiring additional approvals? Yes No If yes, complete [Attachment F](#)



Project Director/Principal Investigator (PD/PI)

First Name *Last Name*

Project Title

Proposed PD/PI Effort

	Effort in Person Months					OR	Effort as Percentage				
	Budget Period						Budget Period				
	1	2	3	4	5		1	2	3	4	5
Calendar											
Academic											
Summer											

Financial Conflict of Interest

[Brandeis Financial Conflict of Interest Policy](#)

For all investigators

Do you have any significant financial interests related to this project to disclose?

- Yes (Complete and submit a [Significant Financial Interest Report](#) form for each occurrence)
 No

If sponsor has adopted PHS FCOI policy:

Do you have any reimbursed or sponsored travel that must be reported?

- Yes (Complete and submit a [Significant Financial Interest Report](#) form for each occurrence)
 No

PD/PI Certifications

- I agree to accept responsibility for the scientific/programmatic conduct and fiscal management of this project and to comply with all applicable institutional policies.
- The project costs requested in this application are necessary and sufficient to perform the activities described and have been properly justified. The salaries requested for all Brandeis personnel are based on actual Institutional Base Salary.
- I am not debarred or suspended from doing business with the federal government.
- The information I have submitted within this application is true, complete and accurate to the best of my knowledge. Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

PD/PI Signature

Date

Approvals

I confirm that the proposal referenced on this form, including the scope of work, budget, and collaborative arrangements, complies with applicable institutional policies and has been approved for submission.

PD/PI Supervisor _____
Dept./Unit or Division Head Signature _____
Date

Additional Approval, if necessary _____
Signature _____
Date

Print Name

Title

Office of Research Administration _____
ORA Signature _____
Date Submitted