

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)

Division

Title (for PI Eligibility) - list is in dropdown and on page 4

First Name

Last Name

Employment Type

PI Telephone

Department/Unit

PI Supervisor's Name (Chair, Director, Dean)

PI Email

Sponsor/Funding Source

Sponsor Contact Name

Sponsor Name

Sponsor Contact Title

If NIH funded, Institute

Sponsor Type

Sponsor Contact Street Address

If NIH funded, mechanism

Level of Funding to Brandeis

Sponsor Contact Street Address

Sponsor Contact Country

If Subaward, Originating Funder Name

City

State

Zip Code Contact

Originating Funder Type

Contact Email

Telephone Number

Submission/Project Information

Proposal Type

Proposal Attempt No.

Funding Opportunity Number

Funding Type

Project Type

Due Date

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](#)

The Project Approval Form (PAF) and Attachments are available at <https://www.brandeis.edu/ora/pre-award-services/forms.html>



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. Please contact the Radiation Safety Officer @ radsafety@brandeis.edu.
Radioactive Materials. Please contact the Radiation Safety Office @ radsafety@brandeis.edu.
Lasers and/or laser-equipped instruments. Please contact lasersafety@brandeis.edu.

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](#)

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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](#)

The PD/PI **MUST** complete the [Significant Financial Interest Report](https://www.brandeis.edu/ora/financial-conflicts/sfi.html) (found at <https://www.brandeis.edu/ora/financial-conflicts/sfi.html>) and **MUST** check the box below indicating that the report has been completed and submitted.

Yes, I certify that I have completed the Significant Financial Interest Report **for this project**.

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

Supervisor Signature (Chair, Director, or Dean)

Name

Date

Co-PD/PI signature or Additional Approvals, if necessary

Co-PI/PD Signature, if applicable

Name

Date

Additional Approval Signature, if applicable

Name

Date

Additional Approval Signature, if applicable

Name

Date

Office of Research Administration

ORA Signature

Date Proposal Submitted

Titles That Automatically Confer PI Eligibility

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

University-wide Titles

- Tenured or Tenure-Track Faculty
 - Assistant Professor
 - Associate Professor
 - Professor
- PreDoc/PostDoc when specified by funding opportunity

Additional Heller School Only Titles

- Faculty Outside Tenure Track (includes research faculty)
 - Assistant Professor
 - Associate Professor
 - Professor
- Senior Research Associate
- 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 Researcher
- Associate Director
- Associate Director
- Research Scientist