

NEW COLLEGE OF FLORIDA
OFFICE OF RESEARCH PROGRAMS & SERVICES (ORPS)
Proposal Clearance Form (PCF)

This completed form is due to the Office of Research Programs & Services (ORPS) no later than 14 days prior to the proposal's submission deadline. If you have questions about this form, please contact ORPS via email at orp@ncf.edu or via phone at (941) 487-4649/4650. Full proposals are due no later than 7 days prior to the proposal's submission deadline.

A. PROGRAM TEAM - Principal Investigators (PIs) / Co-Principal Investigators (Co-PIs)

	Last Name	First Name	Job Title/Position	Dept/Divison/Office
1				
2				
3				
4				
5				

B. SPONSOR/FUNDING OPPORTUNITY INFORMATION

Sponsor Name:		Solicitation Name/Number:	
Sponsor Type:		Prime Sponsor (if any):	
CFDA (if federal/flow thru):		Sponsor Due Date:	

Please select **YES** or **NO** to the following questions regarding this Sponsor and/or Funding Opportunity:

Yes No	Yes No
Does this opportunity require a Letter of Support?	Does this opportunity require cost share?
Does this Sponsor allow Indirect Costs?	Is this a limited submission proposal?

C. PROPOSAL INFORMATION

Proposal Title: _____
Projected Start Date: _____ **Projected End Date:** _____
Proposal Type: _____ **Program Type:** _____

Please select **YES** or **NO** if the proposal involves any of the below:

Yes No	Yes No
* Human Subjects Research?	* Animal Subjects Research?
Hiring New (non-student) Personnel?	Hiring of Student Workers?
New Software / Information Technology?	Foreign Travel?
Design of New Course:	Redesign on a course?
Need for Additional Space?	Need for Building Alterations?
Course Release or Buyout?	Summer Salary (based on Institutional Salary)?
Use of IP/Protected Information?	Creation of IP (patentable or copyrightable)?
Subawards (programmatic contribution)?	Consultants/Contractors (work for hire)?
Subawards List: _____	Consultant/Contractor List: _____

D. BUDGET INFORMATION

Direct Costs on Project:	
Indirect Costs on Project (58% MTDC or 26% MTDC):	
Cost Share Required by Sponsor:	
Total Projected Program Costs:	

E. PROPOSAL ASSURANCES & SIGNATURES

By signature below, the Project team member(s) listed in Section A above, do hereby attest to the following:

The information submitted with this application is original, true, and accurate. There are no fraudulent or plagiarized statements/claims.

Any actual or perceived conflict of interest/commitment, including financial, will be disclosed in writing to the Office of Research Programs & Services immediately.

* Human/Animal research will not be conducted without prior approval from the appropriate institutional committee or governing body.

	Principal/Co-Principal Investigator	Date of Signature	Division/Unit/Office Supervisor	Date of Signature
1				
2				
3				
4				
5				
	Director/Associate Director, Research Program & Services	Date of Signature	Provost (required for projects w/ cost share)	Date of Signature