



Office of Research

# PROPOSAL CLEARANCE FORM INSTRUCTIONS

- Complete the form electronically and leave the signature fields empty. (All signatures will be obtained via Adobe Sign).
- As part of the clearance process, please make sure you have the project description/abstract and detailed budget in Excel Format available. If you are submitting a proposal to NSF, NIH, or other PHS agencies, you must also provide [CITI certification](#) for all Pace key personnel showing active completion of [COI training](#).
- See the [list of documents required for subawards](#). Subaward documents should be completed **5 business days** prior to the application deadline.
- Please email your completed Grant Proposal Clearance Form, abstract, budget, and (if required) CITI COI Certification to [Elina Bloch](#).
- Once your clearance form is received, the Office of Research will review the form for complete accuracy. Once reviewed, Elina Bloch will send out the clearance form for signatures to the Principal Investigator, Chair, Dean and Associate Provost via Adobe Sign.
- Pay close attention to your inbox for an email from Adobe Sign (echosign). The email will provide instructions on how to digitally sign your Grant Proposal Clearance Form via Adobe Sign.
- Once the form is fully approved and signed a copy will be sent to you.
- Any files uploaded to the application website or submitted to our office within **two business days or less** before the application submission deadline cannot be properly reviewed for correctness. In that case, our office will only review the budget and perform a cursory review to meet the minimum proposal requirements.

# PROPOSAL CLEARANCE FORM

INTERIM ASSOCIATE PROVOST FOR RESEARCH:

DR. SONIA SUCHDAY

PHONE: (212) 346-1506 ♦ EMAIL: [SSUCHDAY@PACE.EDU](mailto:ssuchday@pace.edu)

**INSTRUCTIONS:**

- *The Proposal Clearance Form is used to obtain approval for a Principal Investigator (PI) to conduct externally funded research at Pace University. The Proposal Clearance Form must be signed by the Chair, Dean and Associate Provost for Research prior to any proposal submission to an external agency or foundation.*
- *In addition, submissions to NIH, NSF and other PHS agencies require the [financial conflict of interest section of this form](#) to be filled out and [CITI COI Certification](#).*
- *Please send your completed Proposal Clearance Form, along with the project description/abstract, budget, and (if required) CITI COI Certification to Elina Bloch ([ebloch@pace.edu](mailto:ebloch@pace.edu)) and Eric Torres ([etorres@pace.edu](mailto:etorres@pace.edu)).*

## PRINCIPAL INVESTIGATOR (PI), CO-PI, or SR. KEY PERSONNEL

PI NAME	DEPARTMENT	SCHOOL	PHONE/CELL	EMAIL
CO-PI or SR. KEY PERSONNEL NAME(S)	DEPARTMENT	SCHOOL	PHONE/CELL	EMAIL
1.				
2.				
3.				

4. \_\_\_\_\_

## PROPOSAL INFORMATION

<b>Title</b>	
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<b>Funding Agency</b>	
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<b>Submission Deadline (Date and Time)</b>	
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<b>Program Announcement Webpage/URL</b>	
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<b>TYPE OF APPLICATION</b>	<input type="checkbox"/> Letter of Intent/Inquiry	<input type="checkbox"/> Preliminary Proposal/Concept Paper
	<input type="checkbox"/> Proposal	<input type="checkbox"/> Resubmission

<b>PRIOR COMMUNICATION</b>	<input type="checkbox"/> Funder Invited Submission	<input type="checkbox"/> Outreach to Program Officer
	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other:

<b>PROJECT DATES</b>	<b>Start Date</b>		<b>End Date</b>	
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<b>PURPOSE</b>	<input type="checkbox"/> Research	<input type="checkbox"/> Training	<input type="checkbox"/> Fellowship
	<input type="checkbox"/> Instruction	<input type="checkbox"/> Program Development	<input type="checkbox"/> Conference
	<input type="checkbox"/> Equipment	<input type="checkbox"/> Other:	

<b>MECHANISM</b>	<input type="checkbox"/> Grant	<input type="checkbox"/> Contract	<input type="checkbox"/> Subcontract	<input type="checkbox"/> Cooperative Agreement
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<b>BUDGET INFORMATION</b> <i>Please be sure to attach the detailed budget.</i>		<b>Year 1</b>	<b>All Years</b>
	<b>Total Direct Costs</b>		
	<b>Indirect Costs</b>		
	<b>Total Project Costs</b>		

<b>INDIRECT COSTS RATE</b>	<input type="checkbox"/> Pace University Rate of 71.5%.	<input type="checkbox"/> Granting Agency does not allow indirect costs.
	<input type="checkbox"/> Granting Agency Capped Indirect rate to :	

<b>COST SHARING AMOUNT</b>		<b>COST SHARING TYPE</b>	<input type="checkbox"/> Voluntary
			<input type="checkbox"/> Mandatory
<b>SOURCE OF COST SHARING</b>	<input type="checkbox"/> In-Kind Match	<input type="checkbox"/> Matching Funds. If so, which Index:	
<b>COST SHARING COMMENTS OR DETAILS</b>			

<b>WILL YOUR PROJECT INCLUDE ANY OF THE FOLLOWING</b>	<input type="checkbox"/> Human Subjects	<input type="checkbox"/> Animals	<input type="checkbox"/> Biohazards
	<input type="checkbox"/> Subcontracts	<input type="checkbox"/> New Academic Programs	<input type="checkbox"/> New or Renovated Facilities
	<input type="checkbox"/> Equipment Purchase (requiring installation and/or maintenance costs)		

## TIME & EFFORT INFORMATION

NAME	FACULTY ACADEMIC YEAR % TIME ON PROJECT	FACULTY SUMMER (MONTHS)	STAFF EXTERNAL FUNDING (FT OR PT)

# SIGNATURES

*Please leave the signature fields empty. (All signatures will be obtained via Adobe Sign). Provide the name of your chair and dean in the appropriate name field below so that we may send this form out for signatures.*

## >> PRINCIPAL INVESTIGATOR, CO-PI and SR. KEY PERSONNEL CERTIFICATION

PI	_____	Date	_____
Co-PI/SR. KEY	_____	Date	_____
Co-PI/SR. KEY	_____	Date	_____
Co-PI/SR. KEY	_____	Date	_____

### **Principal Investigator, Co-PI and SR. Key Personnel**

As Principal Investigator/Co-PI, I certify that the information provided in this form is accurate. I will not be devoting more than 100% of my regular contractual time to the total of my teaching, sponsored research/training, and administrative duties. I understand that sponsored research/training is subject to Pace's Intellectual Property/Copyright Policy ([hyperlink](#)) and [Lobbying Policy](#).

## >> DEPARTMENT CHAIR

Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Department Chair**

As Department Chair, I certify that this proposal is not in conflict with the assigned duties of the principal investigator and commits department resources as outlined above.

## >> **DEAN (or Deans equivalent e.g. AVP or VP)**

\_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

### **Dean**

As Dean, I certify that this proposal is consistent with College goals and commits college resources as outlined above.

## >> UNIVERSITY DIRECTOR OF RESEARCH AND GRADUATE EDUCATION

\_\_\_\_\_ Date \_\_\_\_\_

Sonia Suchday, PhD, University Director of Research and Graduate Education

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**APPENDIX A**  
**FOR PRINCIPAL INVESTIGATORS AND CO-INVESTIGATORS OF NSF, NIH & OTHER PHS<sup>1</sup> PROPOSALS AND GRANTS ONLY**  
**DEFINITION OF SIGNIFICANT FINANCIAL INTEREST**  
**EFFECTIVE AUGUST 24, 2012**

*For purposes of Pace University's Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects, the term "Significant Financial Interest" includes any of the following interests of the disclosing individual (and those of the disclosing individual's spouse and dependent children) that reasonably appear to be related to the disclosing individual's responsibilities to Pace University (e.g., teaching, research, research consultation, professional practice, institutional committee membership, service on panels such as Institutional Review Boards):*

- *With regard to any publicly traded entity, a Significant Financial Interest exists if the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure and the value of any equity interest (including any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value) in the entity as of the date of disclosure, when aggregated, exceeds \$5,000.*
- *With regard to any non-publicly traded entity, a Significant Financial Interest exists if the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure, when aggregated, exceeds \$5,000, or when the disclosing individual (or the disclosing individual's spouse or dependent children) holds any equity interest (including any stock, stock option, or other ownership interest) in the entity.*
- *Intellectual property rights and interests (e.g. patents, copyrights), upon receipt of income related to such rights and interests.*
- *The occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the disclosing individual and not reimbursed to the disclosing individual so that the exact monetary value may not be readily available).*

*Notwithstanding the foregoing, the term Significant Financial Interest does not include:*

- *Salary, royalties or other remuneration from the University if the disclosing individual is currently employed or otherwise appointed by the University, including intellectual property rights assigned to the University and agreements to share in royalties related to such rights.*
- *Income from investment vehicles, such as mutual funds and retirement accounts, as long as the disclosing individual does not directly control the investment decisions made in these vehicles.*
- *Income from seminars, lectures or teaching engagements sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001 (a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.*

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<sup>1</sup> PHS (Public Health Service): Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Centers for Medicare and Medicaid Services, Indian Health Service, Office of the Assistant Secretary of Health, Office of the Secretary, Program Support Center, Substance Abuse and Mental Health Services Administration, and Office of the Assistant Secretary for Preparedness and Response.

- *Income from service on advisory committees or review panels for a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001 (a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.*
- *Travel that is reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.*

**Appendix B**  
**CITI TRAINING**

**FOR PRINCIPAL INVESTIGATORS AND CO-INVESTIGATORS OF NIH & NSF PROPOSALS AND GRANTS ONLY**

As of February 2015, to be in regulatory compliance with grants to Pace University from the National Science Foundation (NSF) and the National Institutes of Health (NIH), Pace University will use the regulatory compliance modules provided by the Collaborative Institutional Training Initiative (CITI). To begin CITI training, go to this link to register: (<https://www.citiprogram.org>). Registration instructions can be found at [https://www.pace.edu/sites/default/files/2021-06/citi-instructions-for-researchers\\_0.pdf](https://www.pace.edu/sites/default/files/2021-06/citi-instructions-for-researchers_0.pdf). All NSF, NIH and other PHS agency grantees are required to take the following:

1. **Responsible Conduct of Research (RCR) Course.**
2. All those conducting Human Subjects Research are required to take the **Human Subjects Course and the Refresher Course** every three years. Certificates must be obtained prior to beginning the project.
3. **Conflicts of Interest (COI) Course** certification every three years starting February 2015, and present to Office of Research a Certificate of Completion.

**Conflict of Interest** : I certify that I have read Pace University's Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects (Office of Research website, <https://www.pace.edu/sites/default/files/2024-09/pace-conflict-of-interest-policy.pdf> under Forms and Policies), and summarized in Appendix A of this document and in the form in Appendix B (Exhibit II in Pace University Policy and Procedures on Financial Conflict of Interest). I certify that I have no Significant Financial Interests as defined in the Policy or that I have presented Significant Financial Interests on the attached pages. For NIH Principal Investigators there is a tutorial at <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm> for additional information.

Principal Investigators are responsible for ensuring that there are no conflicts of interest and that all students and postdoctoral fellows involved in conducting their research are certified by CITI.

**Appendix C – (Exhibit II in Pace University Policy and Procedures on Financial Conflict of Interest)**  
**FOR PRINCIPAL INVESTIGATORS/CO-INVESTIGATORS OF NIH, NSF AND OTHER PHS<sup>2</sup> PROPOSALS AND GRANTS ONLY**

**PACE UNIVERSITY**  
**Significant Financial Interest Disclosure Form**

*(To be used for initial and annual disclosures and also whenever a new Significant Financial Interest arises.)*

1. *I have read and understand Pace University’s Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects.*  YES  NO
2. *Do you, and/or your spouse and/or dependent children, have any of the following “Significant Financial Interest(s)” within the meaning of the Policy and Procedures on Financial Conflict of Interest Related to NIH and NSF Externally Sponsored Projects as set forth in the attached Appendix A?*

*With regard to any publicly traded entity, the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure and the value of any equity interest (including any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value) in the entity as of the date of disclosure, when aggregated, exceeds \$5,000.*  YES  NO

*With regard to any non-publicly traded entity, the value of any remuneration (salary or other payment for services) received from the entity in the 12 months preceding the disclosure, when aggregated, exceeds \$5,000.*  YES  NO

*With regard to any non-publicly traded entity, holding any equity interest (including any stock, stock option, or other ownership interest) in the entity.*  YES  NO

*Intellectual property rights and interests (e.g. patents, copyrights), upon receipt of income related to such rights and interests.*  YES  NO

*The occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the disclosing individual and not reimbursed to the disclosing individual so that the exact monetary value may not be readily available).*  YES  NO

*If yes, please provide details, including:*

- *With respect to remuneration from, or any equity interest in, any publicly-traded or non-publicly traded entity, the name of the entity, and type and value of remuneration and/or equity interest;*
- *With respect to intellectual property rights and/or interests (e.g. patents, copyrights), the nature of such interests and the nature of any income derived therefrom; and/or*
- *With respect to externally- reimbursed or sponsored travel, the purpose of the trip, identity of the reimbursing or sponsoring organization, the destination and the duration.*

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<sup>2</sup> PHS (Public Health Service): Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Centers for Medicare and Medicaid Services, Indian Health Service, Office of the Assistant Secretary of Health, Office of the Secretary, Program Support Center, Substance Abuse and Mental Health Services Administration, and Office of the Assistant Secretary for Preparedness and Response.

**Financial Conflict of Interest Disclosure Details:**

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**University Director of Research and Graduate Education**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_