

Section 2: Funding Information

a. Type of funding:

Federal grant (e.g. NIH, DOD)

Other non-profit grant (e.g. AAO, Fight for Sight)

PI discretionary funds

SIVR funding (must be applied for separately)

Industry: sponsor-initiated

Industry: investigator initiated

Other (please list):

b. Name of funding agency:

c. Type of grant (e.g. R01, K23, New Investigator Award):

d. Total project period (MM/YY-MM/YY):

e. Budget details:

• Year one:	Direct \$	Indirect \$	Total \$
• All years:	Direct \$	Indirect \$	Total \$

f. Are you requesting a waiver of SUNY IRB fees? NIH-funded studies are not charged IRB fees, while all other studies are assessed fees for initial, continuing, and amendment reviews:

Yes (please provide justification):

No

Not Applicable

g. F&A Rate (If different from standard institutional or NIH rate, explain why):

h. Subject Costs Method:

Cash

RealTime Stipend Card

Gift Card

Other (describe):

Section 4: Study Personnel and Compliance: List all key personnel and their corresponding Role in the study. If additional space is needed, please attach an extra page. Any changes in Conflicts of Interest, the PACS COI Form needs to be updated within 30 days.

Name (First, Last, Degrees)	Role in study (PI, investigator, coordinator, etc.)	Completed the Annual FCOI disclosure for current FY (Enter date of completion)		Completed CITI Training?	Expiration Dates for Required CITI Training
					<ul style="list-style-type: none"> • Conflicts of Interest: • Group 1 All Investigators & Key Personnel: • Responsible Conduct of Research (RCR):
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If additional space is needed, please attach an extra page.

Section 5: Animal Subjects Research Information Not Applicable

a. Species:

Section 6: Human Subjects Research Information Not Applicable

a. Population: Will vulnerable populations be enrolled? (Check all that apply)

- | | | |
|---|-----|----|
| i. Minors (under age 18) | Yes | No |
| ii. Pregnant or breastfeeding women | Yes | No |
| iii. Prisoners (not allowed currently by SUNY OPT policy) | | |

b. Recruitment (check all that apply):

- SUNY students/faculty/staff
- UEC patients
- External

Section 7: Certification

I certify that the information provided in this form is accurate and complete and that I will abide by federal, state, College, and Research Foundation guidelines and regulations while conducting this research.

PI Signature:

Date:

THIS PAGE FOR ADMINISTRATIVE USE ONLY

Does ***this project*** require a Conflict of Interest (COI) management plan for any of the listed study team members? If applicable, please provide details in the Notes section below and include the relevant plan(s) for the IRB to review. Yes No

Notes:

RAF #:

Approval Date:

Approver's Signature: