



**Office of Research Administration
Medford Campus
Internal Sponsored Coordination Form**

For ORA Use Only:
 KC (P) #: _____
 KC (A) #: _____
 Logged by: _____ Date : _____
 CFR: _____ Date : _____

This form, including signatures required, must accompany **all** applications for extramural research funding. This form seeks to facilitate the coordination of proposals to be consistent with Tufts' academic and research policies and obligations to external sponsors. Goals include increasing funding prospects and providing requisites of successful research. One copy of the completed application, along with this form, must be submitted to the Office of Research Administration at 20 Professors Row, Medford Campus. For further inquiries, contact our office at (617) 627-3417.

PART I: PROJECT IDENTIFICATION (Please print or type the following information)				
PRINCIPAL INVESTIGATOR (<i>Last, First</i>)	APPT. TITLE	SCHOOL	DEPARTMENT/DEPT ID	PROPOSED EFFORT:
				ACADEMIC YEAR (%):
				SUMMER (%):
				CALENDAR (%):
CO-INVESTIGATOR	CAMPUS	SCHOOL	DEPARTMENT/DEPT ID	PROPOSED EFFORT:
			Medford:	ACADEMIC YEAR (%):
			Boston/ Grafton:	SUMMER (%):
				CALENDAR (%):
CO-INVESTIGATOR	CAMPUS	SCHOOL	DEPARTMENT/DEPT ID	PROPOSED EFFORT:
			Medford:	ACADEMIC YEAR (%):
			Boston/ Grafton:	SUMMER (%):
				CALENDAR (%):
PROJECT TITLE:				
ORIGINATING SPONSOR (i.e. NIH, NSF)			PRIME SPONSOR (Tufts is the subrecipient)	
PROPOSAL TYPE:			ANTICIPATED AWARD TYPE:	
AGENCY-IMPOSED FORMAL OR INFORMAL DEADLINE:			ACTIVITY TYPE:	
PROGRAM ANNOUNCEMENT REF #:			SPONSOR REF # (if continuation or supplement):	
CHARACTER OF WORK:			RESEARCH CATEGORY:	
WORK SITE:			BUILDING NAME / ROOM NUMBER:	
KEYWORDS:				

PART II: SPECIAL CONSIDERATIONS (Check all that apply)					
HUMAN SUBJECTS*: Yes No		ANIMAL USE*: Yes No		RECOMBINANT DNA*: Yes No	
If approval is pending, the protocol letter must be forwarded to ORA immediately upon receipt. *IRB approval is required prior to any research related activities with human subjects		If approval is pending, the congruency letter must be forwarded to ORA immediately upon receipt. *An IACUC congruency letter is required for all proposed animal use. This includes animal use at off-site contract laboratories and by vendors		If approval is pending, it must be forwarded to ORA immediately upon receipt. *IBC approval is required prior to any research involving biological materials	
CONTROLLED SUBSTANCES		RADIOACTIVE MATERIALS		TOXIC/HAZARDOUS CHEMICALS	
OFFICE OF PROPOSAL DEVELOPMENT (OPD)		CORPORATE FOUNDATIONS & RELATIONS (CFR)		TECH TRANSFER	
INTERNATIONAL PROJECT COUNTRY:		SPACE, RENOVATIONS, MAJOR OPERATING EXPENSES		COURSE RELEASE	
		MAJOR EQUIPMENT PURCHASE		PI ELIGIBILITY WAIVER	

PART III: BUDGET		ARE ANY INVESTIGATORS' SALARIES GREATER THAN THE NIH SALARY CAP?		COST SHARE:	
		No	Yes		
Is this a multi-account proposal? No Yes — If Yes, attach supporting budgets for PI and Co-Is. Number of accounts:					
	YEAR 1 PROPOSED BUDGET	TOTAL PROJECT PROPOSED BUDGET	YEAR 1 COST SHARING PROPOSED AMOUNT	COST SHARING TOTAL PROJECT AMOUNT	
START DATE					
END DATE					
A. TOTAL TUFTS SALARIES & BENEFITS					
B. CAPITAL EQUIPMENT (>\$5,000)					
C. SUBCONTRACTS (# of subks:)					
D. TUITION/FEES					
E. OTHER DIRECT COSTS					
F. TOTAL DIRECT COSTS					
G. TOTAL MTDC BASE					
H. F & A (Indirect costs) %					
I. TOTAL PROJECT COSTS (F + H)					

NOTES:

PART IV: FINANCIAL CONFLICT OF INTEREST (For definitions of FCOIs and Significant Financial Interests, click [here](#))

Tufts Conflict of Interest policy applies to all Tufts University faculty members and other individuals — such as medical staff, researchers, students, postdoctoral fellows and visiting researchers — who are responsible for the design, conduct or reporting of research at Tufts on federally funded grants and cooperative agreements, to include proposals. “Investigator” in this Policy refers to such faculty members and other individuals.

Have all investigators on this project completed their annual FCOI disclosure? Yes No

➔ If no, a disclosure form must be submitted before this proposal can be submitted to the sponsor.

➔ If yes, were there any changes or other Significant Financial Interests to disclose since completing the annual form? Yes No

*new disclosures must be reported by completing a new FCOI form.

For the form, click [here](#).

For Federal projects, all investigators must complete the online CITI Financial Conflict of Interest course. Click [here](#) for instructions on how to register and take the course.

Date PI completed CITI FCOI course: _____

Name and Date Investigator completed CITI FCOI course: _____

Name and Date Investigator completed CITI FCOI course: _____

Name and Date Investigator completed CITI FCOI course: _____

For Public Health Service Grants Only (i.e. NIH, CDC, HRSA, etc.): If this project includes subrecipients, do they have a PHS-compliant FCOI policy?

Yes

No

PART V: APPROVALS (Signatures must be obtained in order listed below)

Assurance/Certification: By this acknowledgment, the Principal Investigator/Program Director and other program participants, where appropriate, assures:
 (1) the information submitted within the application is true, complete and accurate to the best of the PI's knowledge;
 (2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and
 (3) PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded

The PI certifies that he/she and all key personnel have read the Tufts University Conflict of Interest Policy and attest that they complied with all required disclosures (see Part IV), that they are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency and that they have not and will not lobby any federal agency on behalf of this award. Additionally, for NIH submissions, the PI certifies that he/she is in compliance with the NIH Public Access Policy. This includes submission to PubMed Central (PMC), upon acceptance for publication, an electronic version of peer-reviewed, original research publications, resulting from research supported in whole or in part, with direct costs from NIH. For multi-account proposals the investigators’ signatures indicate approval of budget distribution and agree to this distribution at time of award.

Add additional pages for signatures if needed	SIGNATURE(S) REQUIRED	DATE
PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR (Certifies information presented is accurate)		
PRINCIPAL INVESTIGATOR’S DEPARTMENT CHAIR OR DESIGNATE		
DEAN, DIRECTOR OR DESIGNATE from the PI’s School		
Co-INVESTIGATOR		
Co-INVESTIGATOR’S DEPARTMENT CHAIR OR DESIGNATE (if different than PI)		
DEAN, DIRECTOR OR DESIGNATE from the Co-PI’s School (if different than PI)		
OFFICE OF RESEARCH ADMINISTRATION		

FOR ORA USE ONLY: SAFE HARBOR [To be completed at the time of award]
 This agreement DOES NOT meet IRS Safe Harbor guidelines with respect to private business use (please attach supporting documentation and explanation)