



**YORK COLLEGE/CUNY
OFFICE OF RESEARCH AND SPONSORED PROGRAMS (ORSP)
INTERNAL APPROVAL CHECKLIST**

Please complete this form and email back to ORSP

Principal Investigator: _____

Department: _____

Agency: _____

Proposal Purpose: Research Training Equipment Institutional Other: _____ +

Proposal Deadline: + _____

Does this project involve another College or other institution? If yes, please provide the name of the Lead PI and Collaborating Institution: + _____

Please check the boxes below as they pertain to your planned proposal. If you check YES for an item marked with an **asterisk***, please provide explanation in the comments section at the bottom of this form. *All items marked with an asterisk may require additional internal and appropriate authorizing officials.*

Does this proposal include or involve any of the following items? (please provide an explanation if asterisked items are checked)

Human Subjects: YES NO

Recombinant DNA: YES NO Animal Care & Use: YES NO

Additional or Renovated Space of Specialized Facilities on campus? * YES NO

Is PI requesting Released Time? YES NO

Cost-Sharing or Matching Funds? * YES NO

Does this program require Institutionalization of the program beyond the grant? * YES NO

Has everyone involved in this project taken the CITI Responsibility Conduct in Research Training? YES NO

If YES Date Completed Date: _____

Have all the PIs and Co-PI's taken the Citi Conflict of Interest Training? YES NO

If YES Date Completed Date: _____

Has the PI completed the Financial Interest Disclosure Form? YES NO

Does this project include the export of materials (including technical or electronic data) to other countries or provide access to such foreign collaboration that may be restricted by [Export Administration Regulations \(EAR\)](#), [International Traffic in Arms Regulations \(ITAR\)](#) or [Foreign Assets Control \(OFAC\)](#)? If yes, certain licensing procedures must be followed. The Office of Graduate Studies and Research will assist the PI in the process. YES NO

All certifications and registrations must be on file with ORSP at the time of grant submission.

Are you (Principal Investigator) presently debarred or suspended from doing business with the Federal Government? YES NO

***Explanation:** %

Signature: _____
Principal Investigator

Date: _____

Signature: _____
Department Chair

Date: _____

* Signature: _____
Provost

Date: _____ (Signature needed matching funds)

provide an
approval from

materials through
[\(R\)](#) or by the [Office](#)
; well as ORSP will

I for cost-share or