



d. Type of submission: ☐ New ☐ Renewal ☐ Amendment

Previous RAF # (if renewal or amendment): \_\_\_\_\_

e. Type of research: ☐ Animal ☐ Human ☐ Other (describe): \_\_\_\_\_

f. Study classification: ☐ Survey ☐ Observational ☐ Clinical trial

☐ Other (describe): \_\_\_\_\_

i. Clinical trial phase  
classification (check all  
that apply):

☐ Phase 0 ☐ Phase 1 ☐ Phase 2

☐ Phase 3 ☐ Phase 4

## 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 ☐ Request for SIVR funding

☐ 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. Funds requested

i. Year one: Direct \$ Indirect \$ Total \$

ii. All years: Direct \$ Indirect \$ Total \$

iii. N/A (1 year or less): ☐

f. F&A Rate:

## Section 3: Shared resources

a. Will additional space or institutional resources be required? ☐ No ☐ Yes (describe below)

- b. Will any additional equipment be borrowed or donated? ☐ No ☐ Yes (complete below)
- i. Will any be borrowed from the college (UEC, CVRC, other labs)? Indicate name and location below.

ii. Will any be borrowed/loaned from an outside entity? Indicate name and provider below.

- c. Will the study require additional faculty/staff release time? ☐ No ☐ Yes (describe below)

#### Section 4: Study personnel and compliance

- a. List all key personnel and their corresponding Role in the study.

Please enter the information required per column. If any changes were made on the annual FCOI disclosure after November 1<sup>st</sup>, kindly enter the last date that it was updated.

**By marking as completed, the Principal Investigator confirms that all listed personnel have an up-to-date and accurate Annual Financial Conflicts of Interest (FCOI) for the current Fiscal year, and that they have completed all required CITI Training Courses.**

Name (First, Last, Degrees)	Role in study (PI, investigator, coordinator, etc.)	Completed the Annual FCOI disclosure for current FY (note date of completion)		Completed CITI Training	Expiration Dates for required CITI Training
					<ul style="list-style-type: none"> <li>Conflicts of Interest:</li> <li>Group 1 All Investigators &amp; Key Personnel:</li> <li>Responsible Conduct of Research (RCR):</li> </ul>
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### Section 5: Animal subjects research information

- a. Please attach NIH style budget page (<https://grants.nih.gov/grants/funding/phs398/fp4.pdf>)
- b. Species:
  
- c. Strain(s):
  
  
- d. Number of animals for each species/strain:

### Section 6: Human subjects research information

- a. Population
  - i. Number of subjects to be enrolled:
  
  - ii. Will minors (under age 18) be enrolled? ☐ No ☐ Yes
  - iii. Study entry criteria (inclusion/exclusion):
  
- b. Procedures and treatment
  - i. Tests/equipment to be used:
  
  
  
  
  
  
  
  - ii. Describe below any clinical treatments to be provided, or indicate not applicable. ☐ N/A

iii. Describe below if participants or third parties will be billed, or indicate not applicable.

☐ N/A

iv. Describe below if participants will be randomized, or indicate not applicable.

☐ N/A

c. Location (check all that apply):

☐

Personal lab space

☐

CVRC

☐

Other (describe below)

d. Visits (describe number, duration and schedule below):

e. Recruitment (check all that apply):

☐

SUNY students/faculty/staff

☐

UEC patients

☐

External

f. Budget details

i. Principal Investigator:

ii. Other investigators:

iii. Coordinator:

iv. Subject cost

1. Amount:

2. Method:

☐

Cash

☐

Stipend payment card (e.g., RealTime CTMS)

☐

Gift card (e.g., Amazon, AmEx, Visa)

☐

Other (describe below)

v. Start-up/closeout/admin costs. Indicate if not applicable.

☐ N/A

vi. Advertising costs. Indicate if not applicable.

☐ N/A

vii. Other costs (supplies, travel, publication, etc.). Indicate if not applicable.

☐ N/A

g. Other/Notes

#### 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:

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#### SECTION BELOW 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: