

# PIF Project Information Form

CSUSB Research & Sponsored Programs AR-111H  
 Ph: 909-537-5027 Fax: 909-537-7028 http://research.csusb.edu/

<b>PIF #</b> _____ - _____ - _____ - _____
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Project Director: \_\_\_\_\_ Extension/Email: \_\_\_\_\_  
 (List only one)  
 Department: \_\_\_\_\_ College/Area: \_\_\_\_\_  
 Title of Project : \_\_\_\_\_

Agency: \_\_\_\_\_  
 Grant Type: \_\_ Federal \_\_ State \_\_ Foundation \_\_ Local \_\_ Corporate \_\_ Other: \_\_\_\_\_  
 Project Duration: From: \_\_\_/\_\_\_/\_\_\_\_\_ To Date: \_\_\_/\_\_\_/\_\_\_\_\_ Due Date: \_\_\_\_\_

	<b><u>ATTENTION: PLEASE ANSWER THE FOLLOWING QUESTIONS</u></b>	
YES NO		<b>Comments:</b>
___ ___	1. Will you need space other than that which is assigned to you to perform the project?	
___ ___	2. Does this proposal request overload salary for any individual?	
___ ___	3. Is release time requested for any individual?	
___ ___	4. Are humans involved as subjects? IRB # _____	
___ ___	5. Are animals involved as subjects? Approval # _____	
___ ___	6. Are radiation, biological or toxic chemical safety considerations involved?	
___ ___	7. Is a conflict of interest statement required?	
___ ___	8. Is there any impact on campus TNS system? Referred to TNS _____	
___ ___	9. Does this project require the development of a NEW Institute or Center? Faculty Senate approval: YES / PENDING	

Co-Project Directors #	Department
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	Requested Budget for First (or Current) Year Only	Matching	Source
Personnel	_____	_____	_____
Benefits	_____	_____	_____
Travel	_____	_____	_____
Equipment	_____	_____	_____
Supplies	_____	_____	_____
Contractual	_____	_____	_____
Other	_____	_____	_____
Total Direct	_____	_____	_____
Indirect	_____	_____	_____
Training	_____	_____	_____
TOTAL	_____	_____	_____
Indirect %	_____	_____	_____
Total (Entire Grant Period – All Year) _____ - _____			

**Notes/Comments:**

**PROJECT DIRECTOR \* #**  
 1. \_\_\_\_\_

**ACADEMIC RESEARCH \***  
 4. \_\_\_\_\_

**DEPARTMENT CHAIR \***  
 2. \_\_\_\_\_

**UEC**  
 5. \_\_\_\_\_

**COLLEGE DEAN/AREA HEAD\***  
 3. \_\_\_\_\_

**DIVISION VICE PRESIDENT**  
 6. \_\_\_\_\_

**VP ADMIN. & FINANCE**  
 (CSU Executive Order 168) 7. \_\_\_\_\_

\* These signers have reviewed and/or recommend the proposal.  
 # Signature indicates agreement to comply with CSUSB Conflict of Interest and Misconduct Policies.

Grant Memo Prepared By \_\_\_\_\_