

The university administration must approve all proposals before submission. Submit final proposal to OSP along with this Proposal Transmittal Form fully signed by all Investigators, Chairs/Directors and Deans at least SEVEN FULL (7) WORKING DAYS before the postmark or electronic receipt date. The proposal package must be attached to this form for routing and approval.

PROJECT INFORMATION

PROPOSAL ID _____

Project Title: _____

Project Start Date: _____

Ending Date: _____

Campus Phone: _____

Principal Investigator: _____

Department: _____

Email: _____

Department to which project assigned if different from that of PI: _____

Agency / Sponsor: _____ Corporation / Foundation / Organization

Prime Sponsor (If applicable) _____ *If checked: Signature is required by Vice President for Institutional Advancement.

Program name: _____ Local or State Government Agency

CFDA # (If applicable) _____ *If checked: Signature is required by Vice President of Governmental and Community Relations.

No Yes Will this application be submitted on behalf of a Center or Institute?
 If yes, indicate collaborating Center/Institute _____ Center Director

No Yes Does this proposal contain confidential information? If yes, indicate page number(s): _____

COMPLIANCE INFORMATION

No Yes Does this project require RCR training? No Yes If yes, RCR training completed by PI?

For projects requiring IRB, IACUC, and IBC approval, attach a copy of application if pending or the approval memo if approved.

Does this project involve human subjects? Planned Pending Approved Approval#: _____

Does this project involve animal subjects? Planned Pending Approved Approval#: _____

Does this project involve radioactive material/radiation? Planned Pending Approved Approval#: _____

Does this project involve biohazards or rDNA? Planned Pending Approved Approval#: _____

Does this project involve the use of tobacco products on the University campus?

Does this project restrict publication, presentation, or disclosure of results or deliverables?*

Does the project limit or prohibit foreign nationals from performing work or accessing results?*

If the project involves foreign entities or individuals Visual Compliance screening is required. Are there any concerns with the screening results?*

Will this project information be subject to a nondisclosure agreement or confidentiality obligations?*

If any equipment, software, or technical data will be received or delivered, is it on the USML (United States Munitions List) or CCL (Commerce Control List)?*

Will this project involve the use of controlled substances and/or alcohol as part of research?

BUDGET INFORMATION

BUDGET SUMMARY

Funding Request: _____ No Yes

University Cost Share: _____ No Yes

Third Party Contributions: _____ No Yes

COST SHARING/MATCHING: Does the proposal budget include cost sharing or matching funds from a university source? If yes, please complete the Cost Share Form and attach.

SUBAWARDS/SUBCONTRACTS: Does the project budget include funds for sub-awards/sub-contracts? If yes, attach letter of collaboration, scope of work, and budget/budget justification endorsed by an official of that organization.

THIRD PARTY CONTRIBUTIONS: Does the project budget include contributions from third parties? If yes, attach letter of commitment from each entity providing a contribution. See template Letter of Commitment on the ORSP website.

*- Export control questions, if you answered (Yes or Unsure), additional clearance may be needed from the Research Integrity and Exports Control Officer.

CERTIFICATION & APPROVALS

Those listed as PI & Co-PIs in the Project Personnel section of this form should sign below. Attach Additional sheet if needed.

PROJECT PERSONNEL

Project Credit will impact IDC Return distribution and College/Department activity Credit.

Summer Effort cannot exceed 3 months, NSF restricts to 2 months total on all NSF awards.

Person / Department	Employee Type	Role in Project	Project Credit (Column must total 100%)	If funded, will project impact teaching load or other work duties? If so, how?
Name: _____ Dept. _____	<input type="radio"/> 9 mon <input type="radio"/> 12 mon	PI Co-PI Other	%	<input type="radio"/> No <input type="radio"/> Yes If yes, how:
Name: _____ Dept. _____	<input type="radio"/> 9 mon <input type="radio"/> 12 mon	PI Co-PI Other	%	<input type="radio"/> No <input type="radio"/> Yes If yes, how:
Name: _____ Dept. _____	<input type="radio"/> 9 mon <input type="radio"/> 12 mon	PI Co-PI Other	%	<input type="radio"/> No <input type="radio"/> Yes If yes, how:
Name: _____ Dept. _____	<input type="radio"/> 9 mon <input type="radio"/> 12 mon	PI Co-PI Other	%	<input type="radio"/> No <input type="radio"/> Yes If yes, how:

INVESTIGATOR CERTIFICATIONS: My signature below certifies that:

- The information contained on this form and the corresponding proposal is true, complete and provides an accurate representation of this project and needed resources. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
- The submission of this form without an accompanying Cost Share Form indicates that all necessary resources are included in the proposal and supporting documents and that I do not expect the University to share in any additional expenses.
- If the project is funded, I will accept responsibility for the scientific conduct of the project and will administer the project in accordance with the terms and conditions of the grant or contract including the fulfillment of reporting requirements indicated by the funding agency, and I will abide by all relevant university policies, including its research policies, conflict of interest & research integrity policies, intellectual property and copyright policies, and Drug Free Workplace policy.
- I am not delinquent on any Federal debt (taxes, student loans, etc.).
- I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency.
- I have not and will not lobby any Federal agency on behalf of this award.
- Any and all financial interests and relationships to any entity involved or connected with this project have been disclosed as required by university policy.
- I agree to the indicated split of project credit.

DEPARTMENT CHAIRS, DIRECTORS AND DEANS: I certify that the project is consistent with the department/unit/college and university mission. I approve the department/unit/college effort and resources that will be used and adequate facilities and space will be provided for the project, and faculty and other personnel can be committed to the project as described in the proposal.

_____ Sr. AVP for Health Affairs / Delegate	_____ Date	_____ EVP for Health Affairs	_____ Date	_____	_____
_____ Investigator	_____ Date	_____ Department Head/Director	_____ Date	_____ Dean/Administrative Head/Division Head	_____ Date
_____ Investigator	_____ Date	_____ Department Head/Director	_____ Date	_____ Dean/Administrative Head/Division Head	_____ Date
_____ Investigator	_____ Date	_____ Department Head/Director	_____ Date	_____ Dean/Administrative Head/Division Head	_____ Date
_____ Investigator	_____ Date	_____ Department Head/Director	_____ Date	_____ Dean/Administrative Head/Division Head	_____ Date
_____ Investigator	_____ Date	_____ Department Head/Director	_____ Date	_____ Dean/Administrative Head/Division Head	_____ Date

ENDORSEMENTS:

I certify that the proposal conforms to funding agency requirements and appears to be a complete and accurate representation of the project. The budget is accurate and conforms to university policies. _____ Director, Office of Sponsored Programs	_____ Date	I approve the submission of this proposal to the designated Corporation / Foundation / Organization.	I approve the submission of this proposal to the designated Local or State Government Agency.
		_____ VP for Institutional Advancement	_____ VP for Governmental & Community Relations

APPROVALS:

I approve the submission of this proposal to the designated funding agency.

_____ Associate Vice President for Research Enhancement	_____ Date	_____ Interim Executive VP for Research	_____ Date
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