



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
PROPOSAL REVIEW TRANSMITTAL FORM

Agency deadline date/time: \_\_\_\_\_

DEADLINE
NOTE: Hard copy and electronic copy must be submitted to OSP 5 business days prior to deadline
Proposal No.: \_\_\_\_\_
Time: \_\_\_\_\_
Submitted: \_\_\_\_\_
Target date: \_\_\_\_\_
Time: \_\_\_\_\_
Sponsored Programs Use Only

I. PERSONNEL INFORMATION

Principal Investigator \_\_\_\_\_ Dept. No. \_\_\_\_\_
Principal Investigator (PI) a new PI? [ ] Yes [ ] No
PI Title: [ ] Professor [ ] Associate Professor [ ] Assistant Professor [ ] Administrator [ ] Other \_\_\_\_\_
School/College/Dept. \_\_\_\_\_ Address \_\_\_\_\_
Telephone No. \_\_\_\_\_ FAX No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_
Co-PI \_\_\_\_\_ Telephone No. \_\_\_\_\_
School/College/Dept. \_\_\_\_\_ Telephone No. \_\_\_\_\_
Project Staff Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_

II. PROPOSAL SUBMISSION INFORMATION

Proposal Title \_\_\_\_\_
Primary Funding Agency \_\_\_\_\_ Sub Agency \_\_\_\_\_ #armark [ ] YES [ ] NO
Agency Program Title \_\_\_\_\_ #FDA # \_\_\_\_\_ # [ ] Unsolicited [ ] Solicited
Key Word(s) Describing Proposal Subject Matter: \_\_\_\_\_
Agency Proposal Type: [ ] New [ ] Continuation [ ] Renewal [ ] Amendment [ ] Supplement [ ] Other
Agency Type: [ ] Federal [ ] Federal Flow-Through [ ] State [ ] Private [ ] For Profit [ ] Not for Profit
[ ] Other (Specify) \_\_\_\_\_
University Proposal Type: Research: [ ] APPL [ ] BARE [ ] CLIN [ ] DEVEL [ ] INST
[ ] Sponsored Project [ ] Training [ ] Other\*, if other please explain \_\_\_\_\_
Proposed Start Date \_\_\_\_\_ Proposed Ending Date \_\_\_\_\_
Location of Project: [ ] On Campus [ ] Off Campus Local [ ] Off Campus/In-Country [ ] Off Campus/Int'l

III. PROPOSAL BUDGETARY INFORMATION

Direct dollars requested ..... \$ \_\_\_\_\_
Indirect dollars requested ..... \$ \_\_\_\_\_ IDC Rate \_\_\_\_\_
Total amount requested from funding agency ..... \$ \_\_\_\_\_
Cash Match? [ ] YES [ ] NO (If yes, indicate amount).... \$ \_\_\_\_\_ \*Attach budget justification
In-Kind Match? [ ] YES [ ] NO (If yes, indicate amount).. \$ \_\_\_\_\_ \*Attach written explanation
Will this project generate Program Income? \_\_\_\_\_ (If yes, indicate amount)\$ \_\_\_\_\_

Cash/In-Kind Match Approval (Dean Signature) \_\_\_\_\_ Release Time Approval (Dean Signature) \_\_\_\_\_
Account Number to charge match to: \_\_\_\_\_
If funded, will this project be a subcontract to FAMU? [ ] YES [ ] NO
If funded, will this project generate subcontracts from FAMU to other entities? [ ] YES [ ] No
Name of Subcontractor(s) \_\_\_\_\_ Amount of Subcontract(s) \_\_\_\_\_

IV. PROPOSAL INTERNAL REVIEW

Does the proposal require Institutional Review Board approval? [ ] YES [ ] NO \_\_\_\_\_ Last Training Date
http://www.famu.edu/index.cfm?DOR\_division\_of\_research&IRBForms
Does the proposal require review by the Institutional Biosafety Committee? [ ] YES [ ] No \_\_\_\_\_
http://www.famu.edu/index.cfm?DOR\_division\_of\_research&IBCFORMS
Does the proposal require review by the Animal Care Committee? [ ] YES [ ] NO \_\_\_\_\_
http://www.famu.edu/index.cfm?DOR\_division\_of\_research&AnimalWelfareLinks
Has the Principal Investigator completed:
The Financial Conflict of Interest training since August 2012? [ ] YES [ ] NO \_\_\_\_\_
If "Yes" please add date of training. If "No" please complete training
http://www.famu.edu/index.cfm?DOR\_division\_of\_research&FCOIOOnlineWebTraining
and submit FCOI Disclosure Form to proposals@famu.edu.
http://www.famu.edu/index.cfm?DOR\_division\_of\_research&FCOIFORMS
The Responsible Conduct in Research training within the last twelve months? [ ] YES [ ] NO \_\_\_\_\_
If "Yes" please add date of training. If "No" please complete training
(http://www.famu.edu/index.cfm?DOR\_division\_of\_research&FCOIOOnlineWebTraining
Does the research involve an international component? If "Yes" must take [ ] YES [ ] NO \_\_\_\_\_
U.S. Export Control Regulation and Export Admin. Regulation citi training.
Any restrictions on publications, foreign nationals, export outside the US? [ ] YES [ ] NO \_\_\_\_\_

**SIGNATURES** Your signature below indicates that you are authorized to review and approve this proposal, that you have provided review and approval, and that you are in agreement with all aspects of this proposal.

\_\_\_\_\_  
Principal Investigator Date

\_\_\_\_\_  
Vice President for Research Date

\_\_\_\_\_  
Departmental Chair Date

\_\_\_\_\_  
Provost & Vice President of Academic Affairs Date

\_\_\_\_\_  
Dean of School/College Date

\_\_\_\_\_  
President Date