



**Office of Sponsored Programs & Research (OSPR): Proposal Transmittal Form (PTF)**

Please submit the completed form, along with the proposal and detailed budget, to OSPR at least **seven days** before the submission deadline. The completed PTF must be submitted before creating the workspace for the online submission platform.

<b>Sponsor Deadline:</b> <b>OSPR Deadline:</b> <b>Submission Method:</b> Mail or Personal Delivery E-Submission: E-mail:	<b>Sponsor Agency:</b> <b>Funding Opportunity #:</b> <b>Funding Opp. Webpage:</b> <b>Sponsor Mailing Address:</b> <b>Sponsor Contact:</b> <b>Prime Sponsor (Subaward only)</b>
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Type	Status	Purpose	Sources of Funds				
Grant	New	Research	Federal	If federal, is project subject to <a href="#">E.O. 12372 Review?</a>		Yes	No
Contract	Continuation	Instruction	Flow-through	If federal, or federal flow-through, list the CFDA/Assistance Listing number:			
MOA (Memorandum of Agreement)	Revision	Other	State				
Subaward		If research is selected, choose only one research type below*:	Local				
			Private				
			Basic	Applied	Experimental	*See <a href="#">NSF</a> for definitions of research	

**AUM PROJECT DIRECTOR CONTACT INFORMATION**

Project Director:	Campus Address:
Phone:	Email:
Dept:	College/Unit:
Co Project Director:	Campus Address:
Phone:	Email:
Dept:	College/Unit:

**PROJECT DETAILS**

**Proposal Title:**

**Project Description:**

Question	Yes	No	Explanations/Notes:
1. This project will involve more than one department or school's resources. <i>If yes, the Chairs and Deans of each unit must sign page two of this form.</i>			
2. This project will require additional laboratory and/or office space. <i>If yes, a detailed explanation and a resolution should be attached to PTF.</i>			
3. This project will require the renovation of existing space. <i>If yes, a detailed explanation and a resolution should be attached to PTF.</i>			
4. This project will include faculty/staff reassigned time.			
5. This project will include faculty summer salary.			
6. This project will include a subaward to a subrecipient organization.			
7. This project will include a vendor agreement to an external organization.			
8. This project will include an individual as an external consultant.			
9. Do you or any member of your immediate family have any financial interests or affiliations that could present a conflict of interest or commitment for this project?			

**RESEARCH COMPLIANCE**

Projects involving humans or research subjects must have approval from the IRB or IACUC prior to the release of grant funds.	Protocol #	Approval	Submission Date	Pending Award
1. This project will involve human research subjects. Yes No				
2. This project will involve animal research subjects. Yes No				
3. Export Controls, Hazardous Materials, Radiation? Yes No				

**BUDGET INFORMATION**

1. Initial Budget Period (mm/dd/yy): From: To:

2. Total Project Period (mm/dd/yy): From: To:

3. Does the Sponsor require cost share or matching funds? Yes (If yes, written documentation from sponsor must be attached) No

4. Total Funds Requested:

	DIRECT COST	INDIRECT COST	TOTAL COST
Amount Requested from Funding Agency	\$	\$	\$
University Contribution (Cost Share)	\$	\$	\$
Total Cost of Project	\$	\$	\$

A detailed budget (proposal budget and narrative or internal budget form) must be attached to this form. PTFs submitted without detailed budgets will not be reviewed.

5. Does the Sponsor limit F&A (Indirect) Costs?  
 Yes (If yes, written documentation from sponsor must be attached) Limited Rate: Select Base: Total Direct Costs OR Modified IDC  
 No (Select applicable rate) On-Campus: 52% TSW Off-Campus: 30% TSW

6. Total Amount of F&A (Indirect) Costs: TSW=Total Salaries & Wages IDC=Indirect Cost

**COST SHARE/MATCH (IF APPLICABLE)***Cost share details must be attached to this form (proposal budget and narrative or internal budget form).*

Cost Share Commitment	Check as applicable:	Required Cost Share	Voluntary Committed Cost Share
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Salaries & Fringes	Total Dollar Amount	Source	Account Number	Required Cost Share		Voluntary Committed Cost Share		Authorized Signature	Date
				FY Amount	FY Amount	FY Amount	FY Amount		
Release Time	\$			\$	\$	\$	\$		
Student Salaries	\$			\$	\$	\$	\$		
Other Salaries	\$			\$	\$	\$	\$		
Fringe Benefits	\$			\$	\$	\$	\$		
Travel	\$			\$	\$	\$	\$		
Equipment	\$			\$	\$	\$	\$		
Materials & Supplies	\$			\$	\$	\$	\$		
Other (Please List)	\$			\$	\$	\$	\$		
F&A Waiver	\$			\$	\$	\$	\$		
<b>Total</b>	<b>\$</b>			<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		

Source: S (School); D (Department); O (Other, Explain)

**PROJECT DIRECTOR FINANCIAL DISCLOSURE/CONFLICT OF INTEREST AND CERTIFICATION**

**Project Director/Co-Project Director Certification:** My signature below indicates that (1) I am not presently debarred or suspended from receiving federal funds; (2) no federal funds were used for lobbying activities in connection with this proposal; (3) I am not delinquent on any federal debt; (4) the budget above represents the best estimate of the full costs of the project and identifies all sources of funds to cover all costs; (5) pending the award of this project, I understand that I will be the financial manager of these funds and will assume responsibility for ensuring project compliance with applicable state, federal, University, and sponsor regulations; (6) in the conduct of the proposed project, I will adhere to University policies, including conflict of interest, ethical standards in the conduct of research, intellectual properties, and the use of humans and animals in research.

Project Director

Co-Project Director

**MALIGN FOREIGN TALENT RECRUITMENT PROGRAMS (MFTRPs)**

By checking this box, I certify, in accordance with NSF requirements, that I am not a participant in any Malign Foreign Talent Recruitment Program (MFTRP) at the time of this proposal submission. I further certify that, to the best of my knowledge, none of the senior personnel listed in this proposal are participants in an MFTRP. I affirm that I have conducted appropriate due diligence to verify this information.

**DEPARTMENT CHAIR(S) DEAN(S) STATEMENT**

**We certify that we have reviewed and approved the proposal, including the full cost budget and source of internal funds, and that it is consistent with the educational, research and/or service objectives of the unit. We understand that the Chair/Director is responsible for the final technical review for the proposed work. We agree that, in the event of disallowed costs or over expenditures on the awarded project, the responsible organization code\* specific on page one will be liable for such charges if corrective action has not taken place.**

Chair/Director

Date

Chair/Director

Date

College Dean

Date

College Dean

Date

**FOUNDATION ONLY APPROVAL**

I certify that the Office of Advancement authorizes submission of the grant application to the foundation identified in this application.

Associate Vice Chancellor, Office of Advancement

Date

**UNIVERSITY APPROVALS**

**We certify that we have reviewed and approved the proposal, including the full cost budget and sources of internal funds.**

Director, Office of Sponsored Programs and Research

Date

Associate Provost for Graduate Studies and Faculty Services

Date

Provost and Senior Vice Chancellor

Date

**OFFICE OF SPONSORED PROGRAMS AND RESEARCH USE ONLY**

Reviewed by (Date & Initials): \_\_\_\_\_ Access Entry (Date & Initials): \_\_\_\_\_ Grant #: \_\_\_\_\_  
 Submitted by (Date & Initials): \_\_\_\_\_ Express Mail [ ] \_\_\_\_\_ Certified Mail [ ] \_\_\_\_\_ E-submission [ ] \_\_\_\_\_ Copy Sent to PI Date & Initials: \_\_\_\_\_