



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
PROPOSAL REVIEW TRANSMITTAL FORM

DEADLINE
NOTE: Hard copy and electronic copy
must be submitted to OSP 5 business
days prior to deadline
Proposal No.: \_\_\_\_\_
Agency Deadline: \_\_\_\_\_
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 \_\_\_\_\_ Earmark [ ] YES [ ] NO
Agency Program Title \_\_\_\_\_ CFDA # \_\_\_\_\_ [ ] 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
[ ] Other (Specify) \_\_\_\_\_
University Proposal Type: [ ] Research [ ] Training [ ] Other [ ] Sponsored Project
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

Last Review Date

Does the proposal require Institutional Review Board approval? [ ] YES [ ] NO \_\_\_\_\_
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 within the last year? [ ] YES [ ] NO \_\_\_\_\_
If "Yes" please add date of submission.
If "No" please complete training
(http://www.famu.edu/index.cfm?DOR\_division\_of\_research&FCOIOOnlineWebTraining
and submit FCOI Disclosure Form to Sponsor@famu.edu.
http://www.famu.edu/index.cfm?DOR\_division\_of\_research&FCOIForms
The Responsible Conduct in Research training (Biomedical Research) [ ] YES [ ] NO \_\_\_\_\_
within the last year? If "Yes" please add date of training.
If "No" please complete training
(http://www.famu.edu/index.cfm?DOR\_division\_of\_research&FCOIOOnlineWebTraining
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

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

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

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

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

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