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.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Target date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Sponsored Programs Use Only***

**Agency deadline date/time:**

# 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.

# 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 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/lnt'l

# 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? <http://www.famu.edu/index.cfm?DOR_division_of_research&IRBForms>  Does the proposal require review by the Institutional Biosafety Committee? <http://www.famu.edu/index.cfm?DOR_division_of_research&IBCForms>  Does the proposal require review by the Animal Care Committee? | YES YES  YES | **Last Training Date**  NO No  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?**  If **“Yes”** please add date of training. If **“No”** please complete ***training*** <http://www.famu.edu/index.cfm?DOR_division_of_research&FCOIOnlineWebTraining> and submit FCOI Disclosure Form to [proposals@famu.edu.](mailto: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?**  If **“Yes”** please add date of training. If **“No”** please complete ***training*** | YES  YES | NO  NO | |
| (<http://www.famu.edu/index.cfm?DOR_division_of_research&FCOIOnlineWebTraining> |  |  |  |
| Does the research involve an international component? If **“Yes” must take**  **U.S. Export Control Regulation and Export Admin. Regulation citi training.**  Any restrictions on publications, foreign nationals, export outside the US? | YES  YES | NO  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 |