



FLORIDA AGRICULTURAL & 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? If "Yes" please add date of submission. YES NO _____
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
Any restrictions on publications, foreign nationals, export outside the US?

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