

XAVIER UNIVERSITY
TRANSMITTAL FORM FOR EXTERNAL GRANT PROPOSALS

Complete items 1 through 19 and obtain the signatures in item 20 **BEFORE** submission to the Office of Grant Services (315 CLC).
SUBMIT THE ORIGINAL PROPOSAL, ONE COPY OF THE PROPOSAL, ALL APPLICATION FORMS TO BE SIGNED BY UNIVERSITY OFFICIALS AND ONE COPY OF THE FUNDING SOURCE'S GUIDELINES WITH THIS FORM.

Contact the Office of Grant Services (x3380) if you should need assistance with completing this form.

1) Project Director: _____ 2) Department: _____
(List Co-Project Directors in item 19.)

3) Campus Address and Phone Number: _____

4) Percent of Time Release Requested for the Project: Academic Year _____ % Summer _____ %

5) Project Title: _____

6) Funding Source: _____

7) Funding Source's Official Deadline Date: _____ Check one: Postmarked _____ Receipt _____

8) Number of Agency Required Copies: _____ 9) Mail Proposal To: (Name and Address of Funding Source)

Original Plus _____ Copies _____

10) Type of Submission (Check one for each section)

- | | | | |
|--|---------------------------------------|-----------------------------------|---|
| A. <input type="checkbox"/> Grant | B. <input type="checkbox"/> New | <input type="checkbox"/> Transfer | If not NEW or TRANSFER,
list current budget number:
_____ |
| <input type="checkbox"/> Subcontract | <input type="checkbox"/> Continuation | <input type="checkbox"/> Revision | |
| <input type="checkbox"/> Cooperative Agreement | <input type="checkbox"/> Renewal | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Supplement | | |
| | | | |

11) Type of Project Activity (Check all that apply)

- | | | | |
|--------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Research | <input type="checkbox"/> Equipment | <input type="checkbox"/> International Program | <input type="checkbox"/> Training |
| <input type="checkbox"/> Instruction | <input type="checkbox"/> Facilities | <input type="checkbox"/> Student Aid | <input type="checkbox"/> Other _____ |

12) Proposed Project Period: _____

13) Total Amount Requested from the Funding Source: _____

14) Are Indirect Costs allowed? Yes No Applicable Indirect Cost Rate: _____ %
Please contact the Office of Grant Services (x3380) for the current indirect cost rates applicable to the project.

15) Are Xavier University matching funds requested in this proposal? Yes No

If YES, please complete the following:

a) How much XU match is specified in the proposal? \$ _____

b) What is (are) the source(s) of the matching funds?

- | | |
|---|-------------------|
| <input type="checkbox"/> Academic Affairs matching funds. | Account No. _____ |
| <input type="checkbox"/> Already budgeted departmental funds. | Account No. _____ |
| <input type="checkbox"/> Already budgeted college funds. | Account No. _____ |
| <input type="checkbox"/> Foregoing of Indirect Costs. | |
| <input type="checkbox"/> Tuition discount. | |
| <input type="checkbox"/> Other. Please specify _____ | |

16) Does this project require space, facilities or equipment not currently available to the Project Director(s)?
 Yes No If YES, please specify additional space, facility or equipment needs: _____

17) If this project is funded, will Xavier University incur any on-going fiscal or programmatic responsibility after award termination?
 Yes No If YES, please detail any on-going XU responsibility: _____

18) Are Human Subjects involved? Yes No
 NOTE: All research involving human subjects must be approved by the Institutional Review Board (IRB).
 If YES, please complete the following: Has IRB approval been obtained?
 Yes. Approval Number _____ Date _____
 In Progress. (Inform the Office of Grant Services, x3380, when approval is obtained.)
 No. Why not? _____

19) Co-Project Directors (if any):

 Co - Project Director: _____ Department: _____
 Percent of Time Release Requested for the Project: Academic Year _____ % Summer _____ %

 Co - Project Director: _____ Department: _____
 Percent of Time Release Requested for the Project: Academic Year _____ % Summer _____ %

Additional Comments:

20) SIGNATURES/APPROVALS
(To be obtained by the Project Director prior to submission to the Office of Grant Services.)

Project Director _____ Date _____
 Department Chair/Director _____ Date _____
 Dean (Academic Affairs only) _____ Date _____

21) SIGNATURES/APPROVALS
(To be obtained by the Office of Grant Services.)

Associate Provost for Academic Affairs _____ Date _____
 Provost and Chief Academic Officer _____ Date _____
 Division Vice President _____ Date _____
 Vice President for Financial Administration _____ Date _____
 Other Required Approval _____ Date _____

FOR GRANTS OFFICE ONLY

Date Received in Grants Office: _____	Date Mailed to Agency by Grant Services: _____	
	Date Returned to Project Director for Mailing: _____	
Funded: _____ Not Funded: _____	Grant Award Number: _____	Budget Number: _____
Date of Notification: _____		