

**FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY
PROPOSAL REVIEW TRANSMITTAL FORM**
Agency Deadline Date _____

Sponsored Research Use Only
Proposal No.: _____

I. PERSONNEL INFORMATION

Principal Investigator _____ Dept. Number _____
 Is the Principal Investigator (PI) a new PI? Yes No
 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 _____
 Agency Program Title _____ Unsolicited Solicited
 Key Word(s) Describing Proposal Subject Matter _____
 Agency Proposal Type: New Continuation Renewal Amendment Supplement Other
 Agency Type: Federal 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

Does the proposal require Institutional Review Board approval? YES NO _____
 Does the proposal require review by the Institutional Biosafety Committee? YES NO _____
 Does the proposal require review by the Animal Care Committee? YES NO _____
 Does the principal investigator have Financial Interest in the project? YES NO _____
 (If answer is "yes", a conflict of interest form must be submitted to the appropriate dean.)
 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.

 Provost & V P of Academic Affairs Date _____ President Date _____

 Principal Investigator Date _____ Dean of School/College Date _____

 Departmental Chair Date _____ Vice President for Research Date _____