

Agency's Official Deadline Date: _____ <input type="checkbox"/> Postmark <input type="checkbox"/> Receipt	<b>TEXAS SOUTHERN UNIVERSITY</b> <b>Office of Sponsored Programs</b> <b>Proposal Transmittal Form</b>	Submit this form with proposal to the <i>Office of Sponsored Programs,</i> <i>Hannah Hall Room 205</i>
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**INVESTIGATOR DATA:**

1. Principal Investigator Name and Title:	2. Telephone Number/Fax Number/E-mail Address:
3. College:	4. Department/School:

**PROPOSAL DATA:**

5. Project Title:
6. Keywords – Provide key words that can best describe this project:
7. Type of Submission (Check one): <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal <input type="checkbox"/> Revision
8. CFDA No.: _____ Agency Program Title: _____
9. Type of Activity Proposed (check the one most applicable): <input type="checkbox"/> Research <input type="checkbox"/> Instruction <input type="checkbox"/> Public Service <input type="checkbox"/> Academic Support <input type="checkbox"/> Student Services <input type="checkbox"/> Scholarship <input type="checkbox"/> Fellowship <input type="checkbox"/> Institutional Support

**AGENCY DATA:**

10. Funding Agency Name:	11. Agency's Mail Address:
12. Type of Agency: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Foundation <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other University	
13. Agency Required Copies: Original Plus _____ Copies (OSP Requires 1 Copy)	

**FISCAL DATA:**

14. Facilities and Administrative Costs Rate (Indirect Cost Rate): Rates explain on back: <input type="checkbox"/> On Campus 47% <input type="checkbox"/> Off Campus 25% <input type="checkbox"/> Other ( <i>requires statement from agency</i> )	
15. Initial Period (Usually 12mos.) Month, Day, Year: From: _____ To: _____	16. Total Period: Month, Day, Year: From: _____ To: _____
17. Amount Requested for Initial Period: Agency: _____ Cost Shared: _____ A. Total Direct: \$ _____ \$ _____ B. Total Indirect: \$ _____ \$ _____ C. Total A & B: \$ _____ \$ _____	18. Amount Requested for Total Period: Agency: _____ Cost Shared: _____ A. Total Direct: \$ _____ \$ _____ B. Total Indirect: \$ _____ \$ _____ C. Total A & B: \$ _____ \$ _____

**PROJECT SPECIAL REVIEW CHECKLIST:**

19. The proposal submitted herewith involves the following (check all applicable items):	
<input type="checkbox"/> Additional space on or off campus	<input type="checkbox"/> Alterations or renovations
<input type="checkbox"/> Unusual demands for electricity, air conditioning, ventilation or hours of operation?	<input type="checkbox"/> Furniture or equipment
<input type="checkbox"/> Use of human subjects or materials? Approval # _____	<input type="checkbox"/> Matching funds?
<input type="checkbox"/> Use of radioactive substances? <input type="checkbox"/> Use of other hazardous substances?	<input type="checkbox"/> Use of live animals? Approval # _____
<input type="checkbox"/> International activities?	<input type="checkbox"/> Sub-contracting of activities?
<i>For each check answer above, I have consulted the affected University unit or appropriate oversight committee and have attached an approval statement of the University official or committee chairman in charge. PI's Signature: _____</i>	

**ADMINISTRATIVE ENDORSEMENTS:**

Endorsement indicates approval of the project, awareness of the risks and administrative obligations, and confirmation that appropriate space and facilities will be available if the grantor approves the proposal.

Principal Investigator Signature _____ Date _____	Grants and Contracts Signature _____ Date _____
Department Chair Signature _____ Date _____	Office of Sponsored Programs Signature _____ Date _____
Dean or Director Signature _____ Date _____	University Authorization Signature _____ Date _____

**OFFICE OF SPONSORED PROGRAMS ONLY**

Date Received in OSP: _____	Proposal Number: _____	Date Submitted to Agency: _____
Was Proposal Funded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Funded: _____	Funded Amount: \$ _____

*Note: OSP requires at least five working days in order to process (i.e., review proposal, etc.)* *Rev. 5/04*