American University of Beirut OGC USE ONLY Office of Grants and Contracts Proposal Number _____ Proposal Transmittal & Approval Form For Internal Funding (Other than URB) Date Logged ____ 7. Deadline for Submission : 1. Principal Investigator Faculty _____ Department _____ Ext. ____ Proposed Start Date: Title/position Proposed End Date: _____ 8. Proposal Type: □ Research □ Travel □ Outreach Signature: By signing this proposal, it is understood that if an award results from this application, the PI will perform the duties normally associated with the project 9. Proposed Budget including the submission of required technical reports. No restriction on the University's publication of the research results is allowable. It is also understood Direct Cost ___ (USD) that the grant will be administered by the PI in accordance with AUB's policy and Indirect Cost (USD) those of the original granting/funding agency. The principal investigator will ___ (USD) Total funding requested: ___ assume liability (financial or otherwise) for any deviation of any of the approved policies of the University and/or the funding agency with respect to implementation, reporting or expenditures. 10. Will the Proposed Research Include: **2. Department Chairperson**: The attached application is approved. It is a. Human or Animal Vertebrate Subjects ☐ Yes within the total program and academic objectives of the Department. The If yes, please attach the IRB approval or the request for professional time allocations described therein are realistic and allowed. approval* b. The Use of Radioactive Materials Department Chair, Signature and Date If yes, please attach the University Radioactive Committee approval or the request for approval* 3. Dean of Faculty/School (or Designee): The proposed project is c. The Use of potentially infectious agents including human approved. It is consistent with the total program objectives of this faculty/school. blood or tissues (carcinogens, or mutagens or others) ☐ Yes If yes, please attach the Bio-safety approval or application for Dean of Faculty, Signature and Date approval* 4. Co-Investigator APPROVALS Faculty ______ Department ______ % Effort _____ Email Signature ____ Funding Grant Faculty PI/ Director of Center: If the proposal is approved, funds will be allocated from the Center Approval by Faculty Dean if different than PI's: according to the approved budget and line items. Dean of Faculty, Signature and Date Director of Grant/ Center, Signature and Date Office of Grants & Contracts: Funding from the above mentioned grant/center is available. If an award is made as a 5. Title result of this proposal, the OGC will administer it in accordance with the policies of the sponsor and the University. Director of OGC, Signature and Date 6. Internal Funding Source Current Grant Title/Funding Center: Office of the Provost Principal Investigator/Director of the Funding Grant or Center: Provost, Signature and Date