



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 _____ Department Number _____
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 Incomes [] Yes [] No (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 _____ Last Review Date

http://www.famu.edu/index.cfm?DOR_division_of_research&IRBForms [] YES [] No _____

Does the proposal require review by the Institutional Biosafety Committee? [] YES [] No _____

http://www.famu.edu/index.cfm?DOR_division_of_research&IBCForms [] YES [] NO _____

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: [] YES [] NO _____

The Financial Conflict of Interest training since August 2012? [] YES [] NO _____

If "Yes" please add date of training. If "No" please complete training

http://www.famu.edu/index.cfm?DOR_division_of_research&FCOIOneWebTraining

and submit FCOI Disclosure Form to proposals@famu.edu [] YES [] NO _____

http://www.famu.edu/index.cfm?DOR_division_of_research&FCOIForms

The Responsible Conduct in Research training within the last twelve months? [] YES [] NO _____

If "Yes" please add date of training. If "No" please complete training

(http://www.famu.edu/index.cfm?DOR_division_of_research&FCOIOneWebTraining

Does the research involve an international component? [] YES [] NO _____

If "Yes" must take U.S. Export Control Regulation and Export Admin.

Regulation citi training. https://www.famu.edu/administration/research/ [] YES [] NO _____

office-of-research-compliance.php

Any restrictions on publications, foreign nationals, exports outside the US? [] YES [] NO _____

