

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY PROPOSAL REVIEW TRANSMITTAL FORM

DEADLINI

NOTE: Hard copy and electronic copy must be submitted to OSP 5 business days prior to deadline

prior to acadime
Proposal No.:
Agency Deadline:
Time:
Submitted:
Target Date:
Time:

	Target Date:
Principal Investigator Department Number	Time:
Principal Investigator (PI) a new PI? \square Yes \square No	Sponsored Programs Use Onl
PI Title Professor Associate Professor Assistant Professor Administra	tor 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 # Drsolic	eited Solicited
<pre>Key Word(s) Describing Proposal Subject Matter:</pre>	
Agency Proposal Type New Continuation Renewal Amendment Supp	lement Other
Agency Type: Federal Federal Flow-Through State Private	
☐ Other (Specify)	Drai a a t
Proposed Start Date Proposed Ending Date	
Location of Project On Campus Off Campus Local Off Campus/In-Country	
Indirect dollars requested	budget justification
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Total amount requested from funding agency\$ Cash Match? YES NO (If yes, indicate amount)\$ *Attach in-Kind Match? YES NO (If yes, indicate amount)\$ *Attach will this project generate Program Incomes Yes No If yes, indicate amount Cash/In-Kind Match Approval (Dean Signature Release Time Approval (Account Number to charge match to: If funded, will this project be a subcontract to FAMU? If funded, will this project generate subcontracts from FAMU to other entities? Name of Subcontractor(s) Amount of Subcontract IV. PROPOSAL INTERNAL REVIEW Does the proposal require Institutional Review Board approval? http://www.famu.edu/index.cfm?DOR division of research&IRBForms Does the proposal require review by the Institutional Biosafety Committee? http://www.famu.edu/index.cfm?DOR division of research&IBCForms Does the proposal require review by the Animal Care Committee? http://www.famu.edu/index.cfm?DOR division of research&IBCForms The Financial Conflict of Interest training since August 2012? If "Yes" please add date of training. If "No" please complete training http://www.famu.edu/index.cfm?DOR division of research&FCOIOnlineWebTraining and submit FCOI Disclosure Form to proposals@famu.edu proposals@famu.edu. http://www.famu.edu/index.cfm?DOR division of research&FCOIForms	Part
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Total amount requested from funding agency	Part
Total amount requested from funding agency	YES NO YES YES NO YES YES
Total amount requested from funding agency	YES NO YES YES NO YES YES

The Research Security training since	e October 2025?	YES NO _	
If "Yes" please add date of training		omplete training.	
https://www.famu.edu/administration,			
 Visit Research, Ethics, C 	compliance, and Safe	ty Training https://about.citiprogram.org	
 Register and select "Flor 	ida A&M University"		
3) Log in and choose "Resear	ch Security"		
4) Select the "Research Secu	rity Training (Comb	ined Course)"	
		authorized to review and approve this prop	
you have provided review and approva	al, and that you are	e in agreement with all aspects of this pro	oposal.
Principal Investigator	Date	Wise Duraidout for Decemb	Date
riincipai investigatoi	Date	Vice President for Research	Date
Departmental Chair	Date	Provost & Vice President of Academic	Date
Departmental Chair	Date	Affairs	Date
		Allalis	
Dean of School/College	Date	President	Date

YES NO