

**Stillman College**  
**Office of Sponsored Programs**  
**Proposal Transmittal Form**

The Office of Sponsored Programs must approve all proposals before submission. Submit final proposals to OSP along with this Proposal Transmittal Form signed by all Investigators, Chairs/Directors and Deans at least SEVEN FULL (7) WORKING DAYS before the postmark or electronic receipt date. The proposal package must be attached to this form for routing and approval.

PROPOSAL ID

Principal Investigator:

Email:

Project Title:

Project Start Date:  Project End Date:

Sponsor or Funding Agency Name:

Program name:

CFDA #

**COMPLIANCE INFORMATION**

- Yes  No Does this project involve the use of tobacco products on the College campus?
- Yes  No Will any part of this project involve work outside the United States? If yes, what countries?
- Yes  No Will any non-US citizen or non-US permanent resident be employed by or have access to this project?
- Yes  No Will your project require collaboration with, purchases from, or export to any foreign entity?
- Yes  No Will this project require any proprietary, restricted, or export controlled information to be received on campus?
- Yes  No Will this project involve collaborations and/or financial transactions with individuals or entities with whom you or key personnel have an affiliation?
- Yes  No Will this project involve the use of controlled substances and/or alcohol as part of research?

**BUDGET INFORMATION**

**BUDGET SUMMARY**

- Funding Request   Yes  No **Cost sharing/matching:** Does the proposal include cost sharing or matching funds from a College Source? If yes, have you obtained a letter of commitment signed by the President? Must be attached.
- College Cost Share   Yes  No **Sub-awards/Subcontracts:** Does the project budget include funds for sub-awards or subcontracts? If yes, have you obtained a letter of collaboration, scope of work, budget, and budget justification endorsed by the organization's/institution's certifying official? Must be attached.
- Third Party Share   Yes  No **Third party contributions:** Does the project budget include contributions from third parties? If yes, have you obtained letters of commitment from each contributing entity? Must be attached.

**CERTIFICATION & APPROVALS**

Those listed as PI & Co-PIs in the Project Personnel section of this form should sign below. Attach Additional sheet if needed.

**PROJECT PERSONNEL**

**Summer Effort** cannot exceed 2 months, NSF restricts to 2 months total on all NSF awards.

Person / Department		Employee Type	Role in Project	Project Credit (Column must total 100%)	If funded, will project impact teaching load or other work duties? If so, how?	
Name:		<input type="checkbox"/> 9 mo.	<input type="radio"/> PI	[ ] %	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Dept.:		<input type="checkbox"/> 12 mo.	<input type="radio"/> Co-PI		If yes, how: [ ]	
			<input type="radio"/> Other			
Name:		<input type="checkbox"/> 9 mo.	<input type="radio"/> PI	[ ] %	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Dept.:		<input type="checkbox"/> 12 mo.	<input type="radio"/> Co-PI		If yes, how: [ ]	
			<input type="radio"/> Other			
Name:		<input type="checkbox"/> 9 mo.	<input type="radio"/> PI	[ ] %	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Dept.:		<input type="checkbox"/> 12 mo.	<input type="radio"/> Co-PI		If yes, how: [ ]	
			<input type="radio"/> Other			
Name:		<input type="checkbox"/> 9 mo.	<input type="radio"/> PI	[ ] %	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Dept.:		<input type="checkbox"/> 12 mo.	<input type="radio"/> Co-PI		If yes, how: [ ]	
			<input type="radio"/> Other			
Name:		<input type="checkbox"/> 9 mo.	<input type="radio"/> PI	[ ] %	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Dept.:		<input type="checkbox"/> 12 mo.	<input type="radio"/> Co-PI		If yes, how: [ ]	
			<input type="radio"/> Other			

**INVESTIGATOR CERTIFICATIONS:**

My signature below certifies that:

- The information contained on this form and the corresponding proposal is true, complete and provides an accurate representation of this project and needed resources. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
- The submission of this form without an accompanying Cost Share Form indicates that all necessary resources are included in the proposal and supporting documents and that I do not expect the College to share in any additional expenses.
- If the project is funded, I will accept responsibility for the scientific conduct of the project and will administer the project in accordance with the terms and conditions of the grant or contract including the fulfillment of reporting requirements indicated by the funding agency, and I will abide by all relevant College policies, including its research policies, conflict of interest & research integrity policies, intellectual property and copyright policies, and Drug Free Workplace policy.
- I am not delinquent on any Federal debt (taxes, student loans, etc.).
- I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency.
- I have not and will not lobby any Federal agency on behalf of this award.
- Any and all financial interests and relationships to any entity involved or connected with this project have been disclosed as required by College policy.
- I agree to the indicated split of project credit.

I certify that the proposal conforms to funding agency requirements and appears to be a complete and accurate representation of the project.

The budget is accurate and conforms to College policies.

PI Signature

Date

**ENDORSEMENTS:**

I certify that the project is consistent with the department/unit/college and mission. I approve the department/unit/college effort and resources that will be used and adequate facilities and space will be provided for the project, and faculty and other personnel can be committed to the project as described in the proposal.

Department Chair/Director

Date

I certify that the project is consistent with the department/unit/college and mission. I approve the department/unit/college effort and resources that will be used and adequate facilities and space will be provided for the project, and faculty and other personnel can be committed to the project as described in the proposal.

Dean

Date

**APPROVALS:**

*I approve the submission of this proposal to the designated funding agency.*

\_\_\_\_\_  
Director of Sponsored Programs

\_\_\_\_\_  
Date