

<b>Agency's Official Deadline</b> Date: _____ Time: _____ <input type="checkbox"/> Postmark <input type="checkbox"/> Receipt <input type="checkbox"/> Electronic Submission	<b>TEXAS SOUTHERN UNIVERSITY</b> <b>Division of Research and Innovation</b> <b>Pre-Award Services</b> <b>Proposal Transmittal Form</b>	Submit this form with proposal to the Division of Research & Innovation Pre-Award Services Hannah Hall Room 310
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**INVESTIGATOR DATA:**

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

**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
<b>7b.</b> <input type="checkbox"/> Grant Proposal <input type="checkbox"/> Subaward <input type="checkbox"/> Contract
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 TRANSMITTAL DATA:**

10. Funding Agency Name: _____	11. Agency's Mail Address: _____
12. Funding Source: <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	
13. E-Submission Required: <input type="checkbox"/> No <input type="checkbox"/> Yes   Name of Site: _____	

**FISCAL DATA:**

14. Facilities and Administrative Costs Rate (Indirect Cost Rate): <input type="checkbox"/> On Campus <b>52.30%</b> <input type="checkbox"/> Off Campus <b>18.30%</b> <input type="checkbox"/> Other ( <i>requires statement from agency</i> )	
15. First Year (Usually 12mos.) Month, Day, Year: From: _____ To: _____	16. Total Period: Month, Day, Year: From: _____ To: _____
17. Amount Requested for First Year: 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: \$ _____

**INVESTIGATOR(S)/PROJECT DIRECTOR(S) DISCLOSURES AND ASSURANCES**

By signing below, I certify and disclose the following: (a) I have read the following statements and I understand and accept the responsibility for the design, execution, and management of this project, (b) I am neither presently debarred or suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in current transactions by any federal department or agency and I am not delinquent on any federal debt. I further certify that the information that I have provided about this project is accurate and truthful to the best of my knowledge and belief, (c) I have not engaged in any lobbying activities on behalf of this or any other application and I will not lobby any federal agency in relation to this activity, and (d) I and all the investigators involved in the proposed project have provided a complete disclosure of any financial interests that present an actual or potential conflict of interest.

Principal Investigator _____	Signature _____	Date _____
Co-Principal Investigator _____	Signature _____	Date _____
Co-Principal Investigator _____	Signature _____	Date _____

**PROJECT SPECIAL REVIEW CHECKLIST:**

19. The proposal submitted herewith involves the following (check all applicable items):

- Additional space on or off campus     
  Alterations or renovations     
  Furniture or equipment  
 Matching funds?   
  Computer equipment, software, & other IT equipment  
 Unusual demands for electricity, air conditioning, ventilation or hours of operation?  
 Use of human subjects or materials? Approval #     
  Use of live animals? Approval #  
 Use of radioactive substances?   
  Use of other hazardous substances?     
  International activities?  
 Sub-contracting of activities?

*For each checked 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: \_\_\_\_\_

**ADMINISTRATIVE ENDORSEMENTS:**

<p><b><u>Department Chair:</u></b></p>	<p><b><u>Dean/Director or Vice President:</u></b></p>
<p>Signature _____ Date _____                  In signing this application, I certify that the project's activities and purpose are consistent with the mission of the unit, facilities/space and other unit resources necessary to complete the proposed project are available to the project, or provisions have been arranged with the unit to make such space or other institutional resources available in the event an award is made.</p>	<p>Signature _____ Date _____                  In signing this application, I certify that the project's activities and purpose are consistent with the mission of the college, and that the approval by the unit chair and/or director or myself signifies that adequate support and resources will be available in the event an award is made.</p>
<p><b><u>Research Financial Services:</u></b>  <b>E-mail to: Diane.Lewis@tsu.edu</b></p>	<p><b><u>Pre-Award Services:</u></b></p>
<p>Signature _____ Date _____                  In signing this application, I certify that the budget is correct.</p>	<p>Signature _____ Date _____                  In signing this application, I certify that the project meets the standards of federal and state requirements, that the application will be submitted in accordance with university and foundation policy, that all appropriate signatures have been obtained, and that all compliance and other policy requirements have been met.</p>

**University Authorization**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 In signing this application, I certify that the project's activities and purpose are consistent with the mission of the university.

**Office of Research Funding and Pre-Award Services ONLY**

Date Received in ORFPAS: \_\_\_\_\_ Proposal Number: \_\_\_\_\_ Date Submitted to Agency: \_\_\_\_\_

Was Proposal Funded:  Yes  No      Date Funded: \_\_\_\_\_ Funded Amount: \$ \_\_\_\_\_

*Note: OR requires at least five working days in order to process (i.e., review proposal, etc.)*

**Rev. 4/2022**