

MichiganTech Transmittal Sheet

Updated: May 13, 2011

OFFICE USE ONLY

Michigan Tech Proposal # _____

Date submitted _____

I. PROJECT INFORMATION

Title _____

Project Start Date _____ (mm/dd/yyyy) End Date _____ (mm/dd/yyyy)

Are you responding to a Request for Proposal (RFP) or solicitation? No Yes (If yes, attach copy and/or list website below)

Website address _____

Does the sponsor or solicitation limit the number of proposals submitted per institution?

No Yes (See [Michigan Tech guidelines](#))

	Project Director/PI & Co-PI(s)	Title	Phone	Email	Department
PI					
Co-PI					
Co-PI					
Co-PI					
Co-PI					

Institute/Center for project (if applicable) _____

NOTE: Only one Institute or Center is allowed per project.

SPONSOR/DONOR INFORMATION

Name _____

Mailing Address _____

Prime Source of Funds - If pass-through funding is from a Federal or State agency, enter the name of the agency where the funds will originate.

Contact _____

Phone _____

Email _____

Sponsor/Donor Deadline Date _____ (mm/dd/yyyy) Time _____ Not Applicable

Electronic submission: Received by: _____ (mm/dd/yyyy) Time _____

Hard copy submission: Postmarked by: _____ (mm/dd/yyyy) Time _____

Index number for expedited mailings: _____

COMMENTS:

Proposal Type - check one box only

Pre-Proposal - request to sponsor for preliminary review prior to a formal or new proposal submission

New - original submission of a full proposal

Revision - request for modifications to a previous submission (e.g., scope, budget, etc.) to proposal # _____

Supplement - request for additional funds during an approved project period to proposal # _____

Continuation/Renewal - request for additional funds beyond the approved project period for proposal # _____

Project Type - check one box only

Research and Development - all research and development activities sponsored by Federal and Non-Federal agencies

Instruction - any activity that is part of an institutions formally organized instruction program (*funding for delivery of catalogued for-credit courses*)

Other Sponsored Activities - programs sponsored by Federal and Non-Federal agencies and organizations which involve the performance of work other than research and development or instruction

Public Service

Student Scholarship

Student Fellowship

Other _____

Unrestricted Gift - If known, provide MTF Account # _____

II. PROJECT BUDGET

Budget forms to be attached:

- [Budget Preparation Worksheet](#)
- [Cost Share Authorization](#) (if applicable)

<u>Budget Summary</u>	<u>Total</u>
Funds requested from sponsor	
Direct costs	\$ _____
Facilities & Administrative (F&A) Costs	\$ _____
Total funds requested from sponsor	\$ _____
Cost Share	
Direct costs:	
Internal	\$ _____
External contribution	\$ _____
F&A costs:	
Associated with Internal Direct Cost	\$ _____
Waiver on sponsor request	\$ _____
Total cost share	\$ _____
Total Project Value	\$ _____

Is cost share required by the sponsor, RFP, and/or solicitation? No Yes

If yes, specify the percentage or dollar amount and complete the [Cost Share Authorization](#) form. _____
If no, cost share should not be included with the proposal unless it is required by the sponsor's guidelines.

Are F&A costs limited by the sponsor, RFP, and/or solicitation? No Yes

If yes, to what amount is the rate limited? _____

Will Michigan Tech issue a subaward to an external entity?

No Yes

If yes, a [Subrecipient Commitment Form](#) must be attached for each recipient prior to proposal submission.

Are graduate student tuition charges explicitly prohibited or limited by the sponsor, RFP, and/or solicitation?

No Yes

If yes, to what amount are the charges limited? _____

Will more than one index number be required for this project? No Yes

Applicable Facilities and Administrative Rate (F&A) for Project (Previously known as Indirect Costs or Overhead)

Note: Waivers require authorization [Request for Voluntary F&A Reduction or Waiver form](#)

	Research & Development Non-DoD & Non-Industry contracts	Research & Development DoD & Industry contracts	Instruction	Other Sponsored Activities
Michigan Tech On-Campus (includes Student Design projects)	<input type="checkbox"/> 56%	<input type="checkbox"/> 69%	<input type="checkbox"/> 57%	<input type="checkbox"/> 30%
Michigan Tech Off-Campus*	<input type="checkbox"/> 26%	<input type="checkbox"/> 40%	<input type="checkbox"/> 26%	<input type="checkbox"/> 26%
MTRI On-Campus	<input type="checkbox"/> 47.5%	<input type="checkbox"/> 86.5%		
MTRI Off-Campus*	<input type="checkbox"/> 26%	<input type="checkbox"/> 65%		
Student fellowships or scholarships				<input type="checkbox"/> N/A

* **Off-Campus** definition – More than 50% of expenditures, excluding subawards, incurred for activities in facilities not owned or leased by Michigan Tech. If 'Off-Campus' is selected above, specify performance site: _____

III. PROJECT REQUIREMENTS

Space/Technology Needs – Please address any space/information technology needs this project will require above and beyond currently allotted office and laboratory space.

The PI is responsible for ensuring there is adequate space and/or information technology (IT) for the project upon acceptance of an award. By initialing this form, the department and college/school acknowledge the project's need for space and/or IT.

NOTE: Initials do not indicate a commitment of space and/or IT if the project is funded.

None – no additional space, information technology, or renovation required if an award is received on this proposal (go to next section)

Space is needed (additional space and/or renovation)

Can space needs be handled within the department?

Dept. Chair initials

Date

College/School Dean initials

Date

No Yes

Can space needs be handled within the college/school?

No Yes

If response to both questions is No, the PI/Chair must initiate space request to University Space Committee (487-2642)

Information Technology is needed

Can IT needs be handled within the department?

Dept. Chair initials

Date

College/School Dean initials

Date

No Yes

Can IT needs be handled within the college/school?

No Yes

If response to both questions is No, the PI/Chair must initiate technology request to Chief Information Officer (487-2015)

IV. COMPLIANCE

Boards and Committees (IRB, IACUC, IBC) – Office of Research Integrity and Compliance approval required (487-2902)

	Status* - indicate <i>In Preparation, Pending or Approved</i>	Date Approved (if known) (mm/dd/yyyy)	Protocol Number (if known)
<input type="checkbox"/> IRB – Human subjects or materials			
<input type="checkbox"/> IACUC – Animal Subjects <input type="checkbox"/> Warm-blooded vertebrates <input type="checkbox"/> Cold-blooded vertebrates			
<input type="checkbox"/> IBC – Biologics <input type="checkbox"/> rDNA <input type="checkbox"/> Other (e.g. infectious agents, cells, tissues, organs, exotic/invasive species, biological toxins)			

* Indicate *Pending only* if protocol has been submitted to Compliance Office

National Security Regulations (NSR) – Office of Research Integrity and Compliance (RIC) approval required (487-2902)

Will your project involve any of the following? If any of the boxes below are checked "Yes," please contact the RIC office. Project funds will not be released without NSR determination, if applicable.

Export Controls

- No Yes Delivery of materials, software, equipment, or information to a foreign entity
 No Yes Training an employee or representative of a foreign entity
 No Yes Travel to or visitors from a foreign country
 No Yes An agreement or collaboration with any person or foreign country
 No Yes Working with a country subject to a U.S. boycott

If any Export Control activities are "Yes," please indicate the country(s) involved (outside of the U.S.). Note – Canada is considered a foreign country. _____

Foreign National Restrictions

- No Yes The RFQ or RFP includes any restriction or potential restriction on the involvement of a foreign national on this contract

Publication Restrictions

- No Yes The RFQ or RFP includes restriction or potential restriction on the publication of any work conducted on the project

Controlled Substances – Occupational Safety and Health Services (OSHS) (487-2118)

- No Yes Does this project involve the use of controlled substances requiring state or federal registration? If yes, a Controlled Substances form must be completed and approved.

Radioactive Materials – Radiation Safety Officer (487-2118)

- No Yes Does this project involve the use of **radioactive materials**? If yes, approval is required by Radiation Safety Officer
 No Yes I am a Designated Responsible User (DRU)

NOTE: Project funds will not be released without required approvals in place.

V. MISCELLANEOUS

Does this project involve outreach activities with any of the following educational groups? (check one box only)

- No If Yes, with what groups?
 Yes K-12
 Community College(s)
 Both

Principal Investigator Certifications

Principal Investigator (PI) must read, sign, and obtain necessary authorizations for this form.

(NOTE: Each Co-PI must read, sign, and obtain necessary authorizations on a separate Co-PI Certification Form.)

In compliance with Michigan Technological University's Policies and Procedures regarding the conduct of externally funded activities, I certify the following:

1. I certify and attest that the information submitted within the accompanying application is original, true, complete, and accurate. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.
2. I certify that I have read and understand my responsibilities toward this sponsored project and, if funded, I will exercise the responsibilities as outlined in Michigan Tech's [Sponsored Programs Responsibilities](#).
3. I certify that 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.
4. I certify that I have read, understand, and will comply with the University's [Policy on Misconduct in Research, Scholarly and Creative Endeavors](#).
5. I certify that I have read and understand Michigan Tech's [Conflict of Interest Policy](#) (COIP) and Michigan Tech's [Conflict of Interest Procedures](#) and that I will comply with the COIP and all conditions or restrictions imposed by Michigan Tech to manage conflicts of interest or I will forfeit the award. I further certify that I will continue to comply with the COIP throughout the life of this project and will complete a new [Conflict of Interest Disclosure](#) form if circumstances arise that would warrant a positive disclosure on sponsored projects.
6. I certify that, if I receive funding from the National Institutes of Health (NIH) via any mechanism, I agree to comply with [NIH PubMed Policy NOT-OD-08-033](#).
7. I certify that if I am receiving an unrestricted gift, then the sponsor has not and will not receive any goods or services in whole or partial consideration for their contribution. I also certify that the results of this project are not exclusive to the sponsor.

Principal Investigator (PI)

_____ Principal Investigator Name (Please Print or Type)	_____ Principal Investigator Signature (Required)	<p>Conflict of Interest</p> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate date disclosure filed: _____ Date _____
_____ Date	_____ Date	

Authorizing Signatures

_____ Department Chair/Director Name (Please Print or Type)	_____ Department Chair/Director Signature	_____ Date
OR		
_____ College/School Dean Name (Please Print or Type)	_____ College/School Dean Signature or Executive (if applicable)	_____ Date

_____ Center/Institute Director Name (Please Print or Type)	_____ Center/Institute Director Signature (if applicable)	_____ Date
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Co-Principal Investigator Certifications

Each Co-PI must read, sign, and obtain necessary authorizations on a separate form (if applicable).

In compliance with Michigan Technological University's Policies and Procedures regarding the conduct of externally funded activities, I certify the following:

1. I certify and attest that the information submitted within the accompanying application is original, true, complete, and accurate. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.
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<i>Co-Principal Investigator (Co-PI)</i>		Conflict of Interest <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate date disclosure filed:
_____	_____	
Co-Principal Investigator Name (Please Print or Type)	Co-Principal Investigator Signature (Required)	
	_____	_____
	Date	Date

<i>Authorizing Signatures</i>		
_____	_____	_____
Department Chair/Director Name (Please Print or Type)	Department Chair/Director Signature	Date
OR		
_____	_____	_____
College/School Dean Name (Please Print or Type)	College/School Dean Signature or Executive (if applicable)	Date



OFFICE USE ONLY

Sponsored Programs Office / Innovation & Industry Engagement

Project Type (majority of project)

- Instruction
- Other Sponsored Activities
- Other - Public Service
- Other - Student Fellowship
- Other - Student Scholarship
- Research and Development
- Research and Development - *Enterprise*
- Research and Development - *Student Design*
- Research and Development - *Testing*
- Unrestricted Gift - Non-research related
- Unrestricted Gift - Research Related

Funding Source Type

- Federal
- Foreign
- FPT: Federal Prime _____
- Industry
- Internal
- Other
- Other – Association/Society
- Other - Foundation
- State of MI
- State of MI pass-through
State Prime: _____

Virtuals

- Disclosure of Information Restriction
- Disclosure of Contract Restriction
- DoD Appropriations Act (6.1 Funds)

-
- Major Project or Activity

Program Name _____

CFDA # _____

Manager: _____

Approval for budget, sponsor, and Michigan Tech policies conformity

Date

University approval for transmission to the above-named sponsor

Date

DO NOT COPY