

Proposal Transmittal Form

APPLICATION INFORMATION:

Submission Due Date:

Principal Investigator:

co-Investigator: co-Investigator:

Project Title:

Sponsor Name: Prime sponsor (if subcontract):

Proposal Type: Activity Type: Submission Type:

BUDGET INFORMATION:

Project Start Date: Project End Date: # of Years:

PROPOSED YEAR ONE

TOTAL PROJECT

Direct Costs \$:	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	Indirect (F&A) Rate:	<input style="width: 120px; height: 25px;" type="text"/>
Indirect (F&A) Costs \$:	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	Cost Share/Match:	<input style="width: 120px; height: 25px;" type="text"/>
Total Costs \$:	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	Cost Share Amount:	<input style="width: 120px; height: 25px;" type="text"/>

If cost share is included, provide information on p.2 - Addendum.

COMPLIANCE (If Yes, complete Addendum, p.2)

Human Subjects:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Export Controls (refer to Export Controls Checklist)
Animal Subjects:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Radioactive Substances:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel to a sanctioned country: <input type="checkbox"/> Yes <input type="checkbox"/> No
Biohazards:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recombinant DNA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will any equipment, materials and/or software be exported to other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Space:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontracts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any foreign sub-recipients or foreign collaborators involved in the project: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hiring of additional personnel:	<input type="checkbox"/> Yes <input type="checkbox"/> No	New course development?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	May involve other activities subject to export control regulations (refer to export checklist for guidance): <input type="checkbox"/> Yes <input type="checkbox"/> No

INVESTIGATOR ASSURANCE & APPROVALS - By agreeing below, I certify:

>I am not presently debarred, proposed for debarment, suspended, declared ineligible, or voluntarily excluded from transactions by the federal agency.

>that the information submitted within the application is true, complete, and accurate to the best of my knowledge. 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. Furthermore I acknowledge scientific and financial oversight of this study.

>the project is in conformance with the Olin College policies* on : Intellectual Enterprise; Human Subjects; Responsible Conduct of Research; Faculty Conflict of Interest; Export Controls.

>that I and all other program investigators and research staff must sign an Intellectual Property Agreement if this program is funded by the federal government.

>that no conflict of interest relating to this project, whether financial or otherwise, direct or indirect, exists for myself or a family member as defined in Olin's COI policy; that an updated Financial Interest Disclosure form is on file; and an updated disclosure will be made during the course of the award when reportable Financial Interests are obtained.

*located at <http://www.olin.edu/offices-services/sponsored-programs/>

<input type="checkbox"/> I agree _____ Principal Investigator Date	<input type="checkbox"/> I agree _____ co-Investigator Date
<input type="checkbox"/> I agree _____ co-Investigator Date	<input type="checkbox"/> I agree _____ co-Investigator Date

By my signature below, I attest that I have reviewed and approved this proposal:

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Director of Academic Affairs and Sponsored Programs Date	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Dean of Faculty and Interim Provost Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Manager of Accounting Date	

PROPOSAL TRANSMITTAL ADDENDUM

Human Subjects Protocol # Approval Date Date submitted (if pending)

	Describe use of:
Biohazards/Hazardous Chemicals/Materials	
Radioactive Substances	
Recombinant DNA	

Approved by: Director of Facilities Services _____ Date _____

Additional Space	Describe use of:

Approved by: Chief Information Officer _____ Date _____

New Hire: Position/Title	Justification	FT/PT (if PT, indicate hrs/wk)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Approved by: Vice President for Financial Affairs and Chief Financial Officer _____ Date _____

New Course Information:

Approved by: Dean of Faculty and Interim Provost _____ Date _____

Cost Sharing Source:

Approved by: Dean of Faculty and Interim Provost _____ Date _____

Approved by: Vice President for Financial Affairs and Chief Financial Officer _____ Date _____

Subcontract(s) Name

Export Control Review

Approved by: Director of Academic Affairs and Sponsored Programs _____ Date _____

OSP Notes: