

PROPOSAL TRANSMITTAL FORM

APPLICATION INFORMATION

Submission Due Date	
Principal Investigator	
Project Title	
Sponsor Name	
Prime Sponsor (if subcontract)	
Proposal Type	
Activity Type	

PROPOSED PROJECT PERIOD

Start Date		End Date	
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BUDGET INFORMATION

	Year One	Total Project
Direct Costs		
Indirect (F&A) Costs		
Total Costs		

INDIRECT COSTS

Indirect (F&A) Rate	
<i>If "Other" or "None", explain:</i>	

COST SHARING

Cost Share/Match	
Cost Share Amount	
Cost Share Source(s) (non-federal funds only)	

COMPLIANCE

Human Subjects	Yes	No	If "Yes", describe:	
Animal Subjects	Yes	No	If "Yes", describe:	
Biohazards	Yes	No	If "Yes", describe:	
Additional Space	Yes	No	If "Yes", describe:	
Hiring of Additional Personnel	Yes	No	If "Yes", describe:	
Major Equipment	Yes	No	If "Yes", describe:	
Radioactive Substances	Yes	No	If "Yes", describe:	
Recombinant DNA	Yes	No	If "Yes", describe:	
Subcontracts	Yes	No	If "Yes", describe:	
New Course Development	Yes	No	If "Yes", describe:	
Scholarships	Yes	No	If "Yes", describe:	

EXPORT CONTROLS (refer to [export checklist](#) for guidance)

Travel to a sanctioned country	Yes	No	If "Yes", describe:	
Will any equipment, materials, and/or software be exported to other countries?	Yes	No	If "Yes", describe:	
Any foreign sub-recipients or foreign collaborators involved in the project?	Yes	No	If "Yes", describe:	
May involve other activities subject to export control regulations	Yes	No	If "Yes", describe:	

PROJECT SUMMARY *(brief paragraph)*

PRINCIPAL INVESTIGATOR COMMENTS

OFFICE OF GRANTS AND SPONSORED PROGRAMS COMMENTS

IS THIS A FEDERAL CONTRACT? YES NO

INVESTIGATOR ASSURANCE & APPROVALS – By my signature below, I certify that:

- *I am not presently debarred, proposed for debarment, suspended, declared ineligible, or voluntarily excluded from transactions by a federal agency.*
- *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 [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.***

Principal Investigator

Date

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

Associate Dean for Academic Affairs

Date

Interim Provost and Dean of Faculty

Date

Associate Vice President for Finance and Controller

Date