

ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY OFFICE OF SPONSORED PROGRAMS PROPOSAL REVIEW AND CERTIFICATION FORM



AGENCY DEADLINE:	Date: Time:			Date Submitted to OSP:						AAMU Proposal #:
Electronic	No	Yes	Grants.Gov	FastLane			Other	Other		
Submission?							(Spec	ify):		
Hard Copy	No	Yes	Number of	Is there any		No	Yes		In-kind	If yes please see page 2
Submission?			Copies:	cost share?					Cash Match	(Cost Share Section)

	* First Name	Last Name	Dept.	College	% of Release Time (If Applicable)	No. of Classes Release Time Requested	U.S. Citizen: Yes/No	Co-I Approval (Initial)
PI:								
Co- PI:								
Co- PI:								
Co- PI:								

Agency Name:		CFDA No.		Solicitati	on N	0.			
Agency Program Title:									
Proposal Title:									
Mailing Address: (For Hardcopy Submission only)				City:			State:	2	Zip:
Project Start Date:				Project Er Date:	nd				
						P	roject Requireme	nts	(Check all that apply):
Re	esearch	Type of	Gr	ant			Addtl. Personnel		Conference or Public Presentation
Stu	udent Support	Award: (Check one)	Ag	reement			Student Support		Animal Welfare

			Aurondu					Public Presentation	
	Student Support		Award: (Check one)		Agreement		Student Support	Animal Welfare	
Type of	Training		(Check one)		Contract		Release Time	Human Subjects	
Type of Project:	Facilities/Equip:				New		Addtl. Space or	Biohazard Review	
(Check one)	Service				Renewal		Renovation		
	Construction		Classification (Check one)		Continuation				
	Other	1							
					Supplement				

Abstract (Project Abstract not to exceed 250 words):



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Draft Budget

CATEGORIES	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	CASH MATCH	IN-KIND MATCH
Salaries (Excludes students)								
Fringe Benefits								
Student Salary								
Travel								
Equipment								
Participant Costs								
Other Direct Costs								
Subcontracts								
Total Direct Cost								
IDC Amount								
IDC Rate (%) Any deviations from the University's HHS- approved rate must be explicitly stated in the solicitation. Requests for waivers or reductions must be approved by the AVP for Research.								
Total Project Cost:							MATCH TO \$	TAL:

Cost Share Information

Cost Share Amt	Account Allocated from	Account Description	Authorized by
\$			

1. Principal Investigator	Date	4. Associate Vice President for Research	Date
2. Department Chair	Date	5. Provost/Vice President for Academic Affairs	Date
3. Dean/Research Director	Date	6. Other	Date

UNIVERSITY ENDORSEMENTS: The attached proposal has been examined by the appropriate officials whose signatures appear above. The principal academic review of the proposal IS the responsibility of the Program/Center and College. The signature indicates that the signee is familiar with the proposal and except as noted and initialed in the remark section, are satisfied with and responsible for all commitments in the proposal as they relate to their areas (e.g., space, personnel, financial, etc.). The Research or program proposed is in keeping with Alabama A&M University's educational objectives, and is within the established role and scope of this institution. It is in full compliance with the University's Rules and Regulations as defined in the Faculty and Staff Handbooks. This proposal is developed per the guidelines established by the funding agency in addition to the OMB Circulars.