



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 Submission?	No	Yes	Grants.Gov		FastLane		Other (Specify):	
Hard Copy Submission?	No	Yes	Number of Copies:	Is there any cost share?	No	Yes	In-kind	If yes please see page 2 (Cost Share Section)
							Cash Match	

	*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.		Solicitation No.		
Agency Program Title:						
Proposal Title:						
Mailing Address: (For Hardcopy Submission only)				City:	State:	Zip:
Project Start Date:				Project End Date:		

Type of Project: (Check one)	Research	Type of Award: (Check one)	Grant	Project Requirements (Check all that apply):	
	Student Support		Agreement	Addtl. Personnel	Conference or Public Presentation
	Training		Contract	Student Support	Animal Welfare
	Facilities/Equip:		New	Release Time	Human Subjects
	Service	Renewal	Addtl. Space or Renovation	Biohazard Review	
	Construction	Continuation			
	Other				
				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)						\$0.00		
Fringe Benefits						\$0.00		
Student Salary						\$0.00		
Travel						\$0.00		
Equipment						\$0.00		
Participant Costs						\$0.00		
Other Direct Costs						\$0.00		
Subcontracts						\$0.00		
IDC Amount						\$0.00		
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:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	MATCH TOTAL: \$	\$0.00

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	Provost/Vice President for Academic Affairs	Date
3. Dean/Research Director	Date	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 estables 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 Uniform Guidance (2 CFR 200).