


AAMU PROP #	PROPOSAL DUE DATE	 ALABAMA A&M UNIVERSITY OFFICE OF RESEARCH & SPONSORED PROGRAMS PROPOSAL TRANSMITTAL AND APPROVAL FORM Telephone: 256-372-5675 FAX: 256-372-5030				TYPE OF PROPOSAL				
PI NAME		E-MAIL		COLLEGE		<input type="checkbox"/> CHANGE OF GRANTEE INST <input type="checkbox"/> COMPETING (RENEWAL) <input type="checkbox"/> NEW PROJECT <input type="checkbox"/> NON-COMPETING CONTINUATION <input type="checkbox"/> PRE-PROPOSAL <input type="checkbox"/> REVISED BUDGET <input type="checkbox"/> REVISION <input type="checkbox"/> SUPPLEMENTAL				
POSITION/TITLE		PHONE #		DEPT						
Has PI Changed? YES NO If YES, previous PI		CO-PI NAME		POSITION/TITLE					PHONE #	
									E-MAIL	
CO-PI NAME		POSITION/TITLE		PHONE #		E-MAIL		SPONSOR GRANT # (IF RENEWAL/REVISION/NON-COMPETING CONTINUATION)		
CO-PI NAME		POSITION/TITLE		PHONE #		E-MAIL		UNIVERSITY FUND NAME (FOR COST SHARE) # BELOW		
CO-PI NAME		POSITION/TITLE		PHONE #		E-MAIL		In Kind If Cash, Fund # is required		
CO-PI NAME		POSITION/TITLE		PHONE #		E-MAIL		ORG. NO.	PROG. NO.	FUND NO
CONTACT PERSON, PHONE# & EMAIL				DEPT. ADMINISTERING PROJECT				COST SHARE AUTHORIZED BY:		
TITLE OF PROJECT							SPONSORING AGENCY/GRANTING ORG Name:			
Is this a title change from the last submission? YES NO (if yes, please provide previous title)							If mailing please provide an address:			
PROPOSED PROJECT START DATE							PROPOSED PROJECT END DATE			
							Contact Name & Phone #:			
PROGRAM TYPE - SELECT ONE CATEGORY ONLY							F & A COST RATE(S)			
<input type="checkbox"/> STUDENT SUPPORT <input type="checkbox"/> TRAINING <input type="checkbox"/> SERVICE <input type="checkbox"/> GRANT <input type="checkbox"/> AGREEMENT/CONTRACT			FELLOWSHIP OTHER RESEARCH CONSTRUCTION		RFP/RFA/PA # _____		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. ON CAMPUS 48% OFF CAMPUS 26% Other _____			
FUNDS REQUESTED	1st Budget Period	2nd Budget Period	3rd Budget Period	4th Budget Period	5th Budget Period	6th Budget Period	TOTALS			
Direct Cost										
F & A Cost										
Total Cost										
Cost Sharing										
SUBCONTRACTOR(S)/SUBAWARDEE(S)/ (Attach Subcontractor's official authorization for participation in this project.) Name(s)			SPECIAL INSTRUCTIONS Please specify. For example, does this proposal include new hires?				COMMENTS:			
FACILITIES (list all to be utilized by project)					INTERNATIONAL COMPONENT and/or EXPORT CONTROL					
<input type="checkbox"/> Existing Space Building _____ Room _____ <input type="checkbox"/> New Space Required (Attach Description and Facilities Management Cost Estimate)					A. This project has an International Component YES NO B. To the best of my knowledge, this project <input type="checkbox"/> is <input type="checkbox"/> is not subject to Export Control Laws					
<input type="checkbox"/> New Construction/Renovation <input type="checkbox"/> Proposal includes funds for construction/renovation <input type="checkbox"/> Major Equipment Installation <input type="checkbox"/> Other										

For assistance and guidelines involving Human Subjects and/or Vertebrate Animals, please visit the Research and Sponsored Programs website at Research and Sponsored Programs - Alabama A&M University and select Research Compliance tab.

REGULATORY & OTHER APPROVALS	Protocol #	Date Regulatory Approval
• Human Subjects	Yes No	
• New devices	Yes No	
• Vertebrate Animals	Yes No	

APPROVAL CERTIFICATIONS

The undersigned certify that neither the PI nor anyone proposed to work on this project are, to the best of their knowledge, excluded from participation in Federally funded activities as a result of government-wide suspension or debarment. [Frequently Asked Questions: Suspension & Debarment | GSA](#). More information can be found in the *Project Directors Guide and Policy & Procedures Manual* on the Sponsored Programs website

PI/PROJECT DIRECTOR: I certify that the above information is true, accurate and complete as of this date. I understand 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 conduct of this project and for provision of required reports if a grant or contract is awarded as a result of this application. If an award is made, I will administer it in accordance with the policies of the sponsor and the University.

Does any person who is responsible for the design, conduct, or reporting of the proposed research (or their spouses, parents or children) have: - a Significant Financial Interest* or - ANY financial interest if the research involves human subjects, or -- any fiduciary role (e.g., officer, director or manager), that may affect or be affected by this research, including any of the above financial interests or relationships with any entity whose interests may affect or be affected by this research?

Yes No PI Initials _____

If YES to the above, any person identified with such financial interest or relationship must submit a financial disclosure

_____ PI/Project Director's Signature	_____ Date	_____ Co-PI's Signature - Position/Title	_____ Date
_____ Co-PI's Signature	_____ Date	_____ Co-PI's Signature - Position/Title	_____ Date
_____ Co-PI's Signature - Position/Title	_____ Date		

DEPARTMENT CHAIR: The attached application is approved. It is within the total program and academic objectives of the Department. Adequate space is available or planned for the conduct of the project. The professional time allocations described therein are realistic. If matching funds/cost sharing is required as a condition of an award resulting from this proposal, I will be responsible for assuring that the necessary resources are made available. If the individual named as Principal Investigator does not hold the academic rank of Professor, Associate Professor or Assistant Professor, I accept responsibility for oversight of the project. The information contained on the Proposal Transmittal and Approval Form is accurate and correct to the best of my knowledge.

Department Chair's Signature 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, 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.

_____ Dean/Research Director's Signature	_____ Date	_____ Vice President for Research/Office of Sponsored Programs	_____ Date
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Other Signees: President/Vice President/1890 Admin/Directors