

Proposal Transmittal Form (PTF)
Office of Research and Sponsored Programs (ORSP)
Eastern Illinois University

Agency Deadline Date: _____
 Postmarked: (___) Electronic: (___)
 Actual receipt: (___) No specific deadline: (___)

A) Complete Project Title:

B) Please provide one to two sentence description of the project:

C) Principal Investigator (PI) or Project Director (PD) Information:

(Additional Co-PIs or Co-PD's Should be Listed on a Separate Page)

PI/PD	_____	_____	_____	_____
	First Name	Last Name	Department	E-mail Address
CO-PI/PD	_____	_____	_____	_____
	First Name	Last Name	Department	E-mail Address
CO-PI/PD	_____	_____	_____	_____
	First Name	Last Name	Department	E-mail Address
CO-PI/PD	_____	_____	_____	_____
	First Name	Last Name	Department	E-mail Address

D) Sponsoring Agency (To Whom Proposal Will Be Submitted):

Agency Name: _____

Project Dates: Start: _____ **End:** _____

E) Type of Application (Check as appropriate):

(___) Preliminary proposal (___) Revised/Formal proposal (___) New/formal proposal

F) Budget Summary: (Detailed Budget must be included in proposal)

	DIRECT COST	INDIRECT COST	TOTAL COST
Amount Requested from Funding Agency	\$	\$	\$
University Contribution (Cost Share)	\$	\$	\$
Total Cost of Project	\$	\$	\$

Accounting Office _____

Date _____

G) EIU Cost Share Commitment

Check as applicable: ___ Required Cost Share ___ Voluntary Committed Cost Share

Salaries and Fringes	Total Dollar Amount	Source	Account Number	FY _____ Amount	FY _____ Amount	FY _____ Amount	FY _____ Amount	Authorized Signature	Date
Release Time (AY/Cal)	\$			\$	\$	\$	\$		
Students Salaries	\$			\$	\$	\$	\$		
Other Salaries	\$			\$	\$	\$	\$		
Fringe Benefits	\$			\$	\$	\$	\$		
Travel	\$			\$	\$	\$	\$		
Equipment	\$			\$	\$	\$	\$		
Materials & Supplies	\$			\$	\$	\$	\$		
Graduate Assistant Tuition Waivers	\$			\$	\$	\$	\$		
Block Tuition Waivers	\$			\$	\$	\$	\$		
Other (Please List)	\$			\$	\$	\$	\$		
F&A Waiver	\$			\$	\$	\$	\$		
Total	\$			\$	\$	\$	\$		

Source: C (College); D (Department); M (Central Matching Fund); O (Other, Explain)

For cost sharing certifications see note above the signature lines on page 2.

F & A (Indirect Costs) ORSP Use Only

<input style="width: 80%;" type="text"/> Federally Negotiated Rate Charged: _____%	<input style="width: 80%;" type="text"/> F&A Limited Per Written Guidelines to _____%
<input style="width: 80%;" type="text"/> Other _____% (Attach Documentation in support of this rate) or Administrative Fee of \$ _____ per written guidelines	<input style="width: 80%;" type="text"/> F&A Not Allowed Per Written Guidelines

H) PI's, Co-PI's, Dept. Chairs and Deans/Director(s) acknowledge and approve the following special consideration(s):

YES	NO		YES	NO	
		1. Will this project require additional space or facilities? If yes, give details, Building, room number, etc.: _____			10. Will this project involve Human Subjects? IRB Number: _____ Pending submission to IRB
		2. Will this project require renovation of space or facilities? If yes, give details, Building, room number, etc.: _____			11. Will this project involve Vertebrate Animals? IACUC Number: _____ Pending submission to IACUC
		(For Item 2 Only) Cost: \$ _____ Facilities Planning & Mgt. Representative _____ Date _____ Responsible Unit Representative _____ Date _____	Items 10 & 11: If Pending, contact the Compliance Coordinator in ORSP for further instructions.		
		3. Will this project include Release Time? (If Yes, list below.) _____% release time for _____ _____% release time for _____ _____% release time for _____ _____% release time for _____			12. Will this project use Special Hazards: <i>Check all applicable:</i>
		4. Does this proposal involve any copyrights or patents? (If yes, attach brief explanation.)			<input type="checkbox"/> Acute Toxins
		5. Any subcontracting to another organization? (If so, include the statement of work and budget.) How many subcontracts?: _____			<input type="checkbox"/> Blood, Blood products, or Human Tissue
		6. Is there potential for classified work on this proposal?			<input type="checkbox"/> Chemical Agents
		7. Is the Conflict of Interest Form Completed? <i>NSF and PHS Grants Only</i> (COI form is attached)			<input type="checkbox"/> Controlled substances: _____
		8. This project will involve purchase of computers. A. Used for normal productivity only. B. Used for computing, or networking that require human and/or technical resources from ITS.			<input type="checkbox"/> Hazardous Chemicals: ___ Toxic ___ Corrosive ___ Reactive ___ Explosive ___ Carcinogenic
		(If Yes, for Item 8B) Project approved by _____ Date _____ Assistant Vice President for Information Technology Services			<input type="checkbox"/> Importation of materials of animal origin
		9. Does this project include courses/workshops to be offered for academic credit through the School of Continuing Education?			<input type="checkbox"/> Non-ionizing Radiation (Laser, microwave, UV)
		(If Yes, for Item 9) Credit Component approved by _____ Date _____ Dean, School of Continuing Education			<input type="checkbox"/> Pathogenic microorganism: ___ Human; ___ Animal
					<input type="checkbox"/> Radiation Producing Machines
					<input type="checkbox"/> Radioactive material: Isotopes _____
					<input type="checkbox"/> Recombinant DNA/RNA
					<input type="checkbox"/> Regulated Bioagents
					<input type="checkbox"/> Transgenic or Knock-Out Animals
			(If Yes, for Items 10 or 11) Compliance Coordinator, ORSP _____ Date _____		

I) Department and College Approval

Each of the signatures in Section I below indicates review and approval of the attached proposal and the items specified in this Proposal Approval Form, inclusive. Further, it is hereby certified that the P.I. and Co-P.I.(s) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency, and that the P.I., Co-P.I. (s), Chair (s) or Dean/Director (s) are responsible for adhering to University policies and procedures; accepting responsibility for over expenditures and disallowed costs; ensuring all costs incurred are project related, and in accordance with contractual terms, conditions and time frames, ensuring the technical and reporting requirements of the project are satisfied. **Cost Sharing Certifications:** The P.I. certifies that all cost sharing is listed in the table on page 1. The cost sharing funds will normally be transferred from the indicated account to a cost sharing account.

PI/PD	Date	Department Chairperson	Date	Dean of College	Date
Co-PI/PD	Date	Department Chairperson	Date	Dean of College	Date
Co-PI/PD	Date	Department Chairperson	Date	Dean of College	Date
Co-PI/PD	Date	Department Chairperson	Date	Dean of College	Date

J) Administrative Approval

Director of ORSP	Date	Vice President of Area Submitting Proposal	Date	Vice President for Business Affairs	Date
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**EASTERN ILLINOIS UNIVERSITY
INVESTIGATOR DISCLOSURE STATEMENT
REGARDING EXTERNAL AFFILIATIONS ON NSF/PHS SPONSORED PROJECTS**

NAME _____ TITLE/RANK _____

SCHOOL/DEPARTMENT _____

TITLE OF SPONSORED PROJECT:

NAME OF FUNDING SPONSOR _____

PROJECT PERIOD _____

1. Are you or any member of your immediate family (spouse, parents, parents-in-law, siblings, children, or other relatives living at the same address as the faculty member) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this sponsored project or of any organization from which goods and services will be obtained under the sponsored project?

_____ Yes (if so, describe in detail the nature and extent of the affiliation on an attached sheet.)

_____ No

2. Are you or any immediate family member the actual or beneficial owner of more than five percent (5%) of the voting stock or controlling interest of the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project?

_____ Yes (if so, describe in detail the nature and extent of the equity interest on an attached sheet.)

_____ No

3. Have you or any member of your immediate family derived income within the past year, or do you or any member of your immediate family anticipate deriving income exceeding \$10,000 per year from the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project?

_____ Yes (if so, describe on an attached page the amount of the income and the reason for which it was or will be derived).

_____ No

Signature of Faculty Member _____ Date _____

PLEASE NOTE: The National Science Foundation (NSF) and the Public Health Service (PHS) have both issued regulations that require institutions of higher education submitting grant proposals for their funding to have conflict of interest policies. These agencies' regulations specify that the sponsored project's director/principle investigator and other professional personnel working on the project disclose if they have real or potential conflicts of interest either with the funding agency or with organizations with whom the grant will procure goods or services. The form above asks specific questions that will aid you in determining a potential conflict of interest. This form currently has to be filled out only for NSF and PHS grant applications.