

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)	\$			\$	\$	\$	\$		
Release Time (Summer)	\$			\$	\$	\$	\$		
Students Salaries (Undergrad/Grad)	\$			\$	\$	\$	\$		
Other Salaries	\$			\$	\$	\$	\$		
Fringe Benefits	\$			\$	\$	\$	\$		
Equipment	\$			\$	\$	\$	\$		
Materials & Supplies	\$			\$	\$	\$	\$		
Graduate Assistant Tuition Waivers	\$			\$	\$	\$	\$		
Block Graduate Tuition Waivers	\$			\$	\$	\$	\$		
Other (Please List)	\$			\$	\$	\$	\$		
_____	\$			\$	\$	\$	\$		
F&A Waiver	\$			\$	\$	\$	\$		
Total	\$			\$	\$	\$	\$		

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

**** The PI certifies that all cost sharing is listed in the table above.**

**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.