

# Old Dominion University Research Foundation

## Instructions for completing Proposal Transmittal Form

1. **Principal Investigator-** Name of person who will be responsible for conduct of work on project.
2. **Department-** Provide department names where Principal Investigator works and receives mail.
3. **Telephone & Ext.-** Provide telephone number for Principal Investigator.
4. **Fax No.-** Provide facsimile number for Principal Investigator.
5. **Email Address-** Provide e-mail address for Principal Investigator.
6. **Project Title-** Enter unique name of project.
7. **Proposal Type-** Check as appropriate: 1) solicited **or** unsolicited proposal type box **and** 2) further classification of new, resubmission, continuation, renewal **or** supplement.
8. **Project Type-** Check appropriate project type box.
9. **Current ODU Research Foundation Award No.-** If related to existing ODU Research Foundation award, provide ODU Research Foundation award number.
10. **Current Sponsor Award No.-** If related to existing ODU Research Foundation award, provide SPONSOR award number.
11. **Sponsor's Name and Associated Information-** Enter name of sponsor organization/agency, point of contact, and mailing address to which proposal is being submitted. Note: Sponsor's street address, building and room numbers **MUST** be included for proposals being mailed by overnight mail.
12. **Sponsor Deadline Information-** Provide date when proposal **MUST** be received by sponsor, if applicable. Check delivery method and required number of copies of proposal.
13. **Proposal Deadline Information-** Submission type and number of copies
14. **Initial Period-** Provide initial project performance period for which funding is requested.
15. **Total Period-** Provide entire project performance period for which funding is requested.
16. **Indirect Cost Rate-** Check appropriate box for indirect cost rate used for calculating project's budget.
17. **Indirect Cost Rate Restrictions-** Check appropriate box if the sponsor restricts indirect cost rate for proposal. If sponsor allows for full approved indirect cost rate, but a waiver is requested, a copy of the Vice President for Research and Graduate Studies approval **MUST** be attached. If sponsor prohibits or restricts indirect cost rate, a copy of written policy **MUST** be attached.
18. **Amount Requested (Year 1)-** Provide amount of funding requested from sponsor for initial project performance period.
19. **Amount Requested (Total)-** Provide amount of funding requested from sponsor for the entire project performance period.
20. **Cost Sharing (Year 1)-** Provide amount of cost share funding proposed for initial project performance period.
21. **Cost Sharing (Total)-** Provide amount of cost share funding proposed for entire project performance period.
22. **University Contribution-** Check appropriate box documenting source of proposed cost sharing.

23. **Intellectual Property/Background Technology**- Check appropriate box in response to provided questions.
24. **Sub-recipient Agreement**- Check appropriate box in response to provided questions.
25. **Animals**- Check appropriate box in response to provided questions.
26. **Human Subjects**- Check appropriate box in response to provided questions.
27. **Radioactive Materials**- Check appropriate box in response to provided questions.
28. **Recombinant DNA Techniques**- Check appropriate box in response to provided questions.
29. **Environmental Health & Safety**- Check appropriate box in response to provided questions.
30. **Research Activity Categories**- Check research category best describing the nature of proposed research. To determine the correct Research Category, view the NSF NCES fields at the following URL:  
<http://web.odu.edu/misc/researchfoundation/pdf/nceslist.pdf>
31. **Disclosures and Certifications**- Principal Investigator's signature to Proposal Transmittal Form document acknowledgement and agreement to comply with requirements of this section.
32. **Signature and Credit Splits**- The lead Principal Investigator, retains administrative and fiscal responsibility for this project, and should provide signature first. All other Co-Principal Investigators should provide their signatures in space provided. Please allocate associated percentage credit for proposal between the Principal and Co-Principal Investigators. The allocations indicated will be used when reporting indirect cost recoveries and sponsored program activity.
33. **Abstract**- Provide a summary of research in space provided with additional information attached as appropriate.
34. **Additional Approvals**-Signatures are required for Principal and Co-Principal Investigators, Department Chairs or Center Director and Dean of College/School. Proposals containing 1) institutional cost share or 2) voluntary waiver of indirect costs (full or partial) also require the signature of the President, Office of Research.