



OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

PROPOSAL TRANSMITTAL FORM

Contact Pre-award Services at 683-4293 with questions about form or process

For ODURF Use Only:

Proposal # _____

Department # _____

Agency # _____

Research Instruction Other

Investigator Data

1. Principal Investigator: _____		2. Department: _____	
3. Telephone & Ext: _____		4. Fax No.: _____	5. Email Address: _____

NOTE: This form is required for proposal processing. Five working days are required for complete processing. Proposals that do not meet this deadline will be reviewed however, the PI will be responsible for copying and mailing the proposal.

Proposal Data

6. Project Title: _____			
7. Proposal Type:		8. Project Type:	
<input type="checkbox"/> Unsolicited <input type="checkbox"/> Solicited If so # _____		<input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Research <input type="checkbox"/> Instruction/Training <input type="checkbox"/> Public Service	
<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement			
9. Current ODURF Award No: _____		10. Current Sponsor Award No. (if known): _____	

Sponsor Transmittal Data

* Sponsor's street address, building, and room numbers **MUST** be included for proposals being mailed by overnight mail.

11. Sponsor's Name: _____			
ATTN: _____			
* Address: _____		Bldg: _____	Room # : _____
City: _____	State: _____		Zip: _____
Sponsor's Phone No.: _____		Email Address: _____	
12. PROPOSAL DEADLINE INFORMATION: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight <input type="checkbox"/> Electronic Submission: _____			
Due Date to Sponsor: _____		Original + Number of Copies = _____	

Budget Data

13. Initial Period:		14. Total Period:		15. Indirect Cost Rate:	
From: _____		From: _____		<input type="checkbox"/> (ON) 42% <input type="checkbox"/> (INSTR) 56% <input type="checkbox"/> (OFF) 26% <input type="checkbox"/> WAIVED <input type="checkbox"/> OTHER: _____	
To: _____		To: _____			

16. Does the sponsor allow full indirect costs? Yes No If YES and Waiver requested, a copy of the VP Office of Research's approval must be attached.
 If NO, maximum percentage allowed _____%
If NO, attach a copy of the sponsor's written policy.

17. Amount Requested - Year 1:		18. Amount Requested - Total:		19. Cost Sharing - Year 1:		20. Cost Sharing - Total:	
Direct _____		Direct _____		Direct _____		Direct _____	
Indirect _____		Indirect _____		Indirect _____		Indirect _____	
Total _____		Total _____		Total _____		Total _____	

21. University Contribution: Institutional Cost Sharing (*Includes Voluntary*)*
 Department Cost Sharing (*Responsibility of Department*) Other Cost Sharing: _____
 College Cost Sharing (*Responsibility of College*)

*If Institutional Cost Sharing includes the use of Indirect Costs, proper documentation must be attached.

Special Checklist

22. Intellectual Property/Background Technology:

1. Is any proprietary information in this proposal? Yes No
If YES, be sure that the proposal is marked appropriately.
2. Is any background technology being used? Yes No
If YES, attach an explanation and state to whom it belongs.

23. Sub-recipient Agreements:

- Does the proposal involve a sub-recipient? Yes No
- If YES, Attach a signed offer, detailed statement of work, budget, and appropriate certifications.
- Do you need the Research Foundation to forward a copy of full proposal in the even the sub-recipient represents a collaborating team member?
 Yes No

24. Animals:

- Does this project involve the use of animals?
 Yes No
- If YES, date approved: _____
- If application is pending, date submitted: _____

25. Human Subjects:

- Does this project involve human subjects or data obtained from human subjects? Yes No
- If YES, date of approval: _____
If application is pending, date submitted: _____
- If YES, all "key personnel" must complete: **Human Subjects Training**.
Please indicate date completed: _____
Attach certification letter.

26. Radioactive Materials:

- Does this project involve radioactive materials?
 Yes No
- If YES, date of approval: _____
- If application is pending, date submitted: _____

27. Recombinant DNA Techniques:

- Does this project involve recombinant DNA techniques?
 Yes No
- If YES, date of approval: _____
- If application is pending, date submitted: _____

28. Environmental Health & Safety:

- If the project involves any of the below-enumerated items, please contact ODU's Environmental Health & Safety Office at 683-4495.
- lasers reproductive toxins chemicals with high acute toxicity or unknown toxicity
 voltage greater than 600 volts nominal bio-hazardous agent known carcinogens

Research Activity Categories

29. RESEARCH ACTIVITY CATEGORIES –Select as many as best describe your project. The selection should be determined by the focus of the research NOT by the investigator's home department.

- Engineering:** aeronautical, astronautical engineering, bioengineering, biomedical engineering, chemical, civil, computer modeling and simulation, electrical, mechanical, metallurgical & materials, other.
- Physical Sciences:** astronomy, chemistry, physics, other.
- Environmental Sciences:** atmospheric, earth sciences, oceanography, other.
- Mathematical Sciences:** general, statistics, applied, operations research, other.
- Computer Sciences:** general computer and information science, management information systems, other.
- Life Sciences:** agricultural, biological, medical, other.
- Psychology:** general, clinical, school, art therapy, other.
- Social Sciences:** economics, political science, sociology, other.
- Other Sciences:** (used when the multidisciplinary and interdisciplinary aspects make the classification under one primary field impossible)

To determine the correct Research Category, view the NSF NCES fields at the following URL:

<http://web.odu.edu/misc/researchfoundation/pdf/nceslist.pdf>

Disclosures and Certifications

30. Except as covered by written authorization for this project, this application does not obligate the University for funds for additional facilities, equipment, remodeling, extra operating funds, or matching funds, nor for the establishment of new organizations, courses, or programs not previously approved.

By signing below (or on the Additional Approvals Page), I certify that I have read the following and I further certify that the statements contained therein are accurate and truthful to the best of my knowledge and belief:

1. I am not delinquent on any federal debt
2. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency
3. I have not and will not lobby any federal agency on behalf of this award
4. I am aware of and agree to abide by the ODURF Drug Free Workplace policy
5. I agree to abide by the ODU Conflict of Interest policy.
 - 5a. FOR PROPOSALS TO NIH AND NSF: The principal investigator (check one) does, or does not have any significant financial interests that would reasonably appear to be affected by the research proposed for funding. If the answer is in the affirmative, then all investigators so involved have provided a complete disclosure to the appropriate University official, as instructed by current University policy and/or Federal regulation.
 - 5b. The proposed project or relationship with the Sponsor (check one) does, or does not have present a potential for a conflict of interest or the appearance of a conflict of interest for investigators involved in this project. If answered in the affirmative, then all investigators so involved have provided a complete disclosure of this matter to the appropriate University official, as instructed by current University policy and/or Federal regulation.

I agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity and, in consideration of the information and facilities made available to me by the University or the outside sponsor, to assign copyright (where appropriate) and patent rights to Old Dominion University in accordance with the terms and conditions stated in the Faculty Handbook.

Signatures and Credit Splits

31. Please be aware that the investigator signing on Line #1 will be listed as the Principal Investigator and the first Department/Institute/Center shown will be assigned administrative and fiscal responsibility.

<u>PI / CO-PI Signature / Date</u>	<u>Name of Dept./Institute</u>	<u>(Credit % must be in whole numbers) % Credit</u>
1. _____	Name of Dept. / Inst. _____	% = _____
2. _____	Name of Dept. / Inst. _____	% = _____
3. _____	Name of Dept. / Inst. _____	% = _____
4. _____	Name of Dept. / Inst. _____	% = _____
5. _____	Name of Dept. / Inst. _____	% = _____

ABSTRACT

(Attach additional copies as needed)

32.

Additional Approvals

33. **DIVISION HEAD/DEAN/INSTITUTE or CENTER DIRECTOR/DEPARTMENT CHAIRPERSON'S STATEMENT:** I have reviewed this proposal and the accompanying Transmittal Form. The research or program proposed is in keeping with Division/College/Department educational objectives and is beneficial to the University. The Division/College/Institute or Center/Department is aware of all requirements of this project and is committed to providing for them, except as noted.

DEPARTMENT CHAIRPERSON or INSTITUTE/CENTER DIRECTOR'S SIGNATURE(S)

1. _____ 2. _____
Signature Date Signature Date

3. _____ 4. _____
Signature Date Signature Date

COLLEGE DEAN OR ASSOCIATE DEAN SIGNATURE(S)

1. _____ 2. _____ 3. _____
Signature Date Signature Date Signature Date

UNIVERSITY AUTHORIZATION (IF REQUIRED)
(Associate Vice President for Research and Graduate Studies)

Signature Date