



# OLD DOMINION UNIVERSITY RESEARCH FOUNDATION

## PROPOSAL TRANSMITTAL FORM

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

**For RF Use Only:**

Proposal # \_\_\_\_\_  
 Department # \_\_\_\_\_  
 Agency # \_\_\_\_\_  
 Research  Instruction  Other

**Investigator Data**

<b>1. Principal Investigator:</b> _____		<b>2. Department:</b> _____	
<b>3. Telephone &amp; Ext:</b> _____	<b>4. Fax No.:</b> _____	<b>Email Address:</b> _____	

**NOTE: This form is required for proposal processing. Five working days are required for complete processing.**

**Proposal Data**

**6. Project Title:** \_\_\_\_\_

**7. Proposal Type:**  Unsolicited  Solicited      **Sponsor #** \_\_\_\_\_

<b>8. Current RF Project No.:</b> _____	<b>9. Current Sponsor Award No.:</b> _____	<b>10. CFDA No.:</b> _____
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**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:** \_\_\_\_\_

<b>* Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Sponsor POC Name .:</b> _____	<b>Phone No.:</b> _____	<b>Email:</b> _____	

**12. PROPOSAL DEADLINE INFORMATION:**  Regular Mail  Overnight  Electronic Submission: \_\_\_\_\_  
 Due Date to Sponsor: \_\_\_\_\_      Original + Number of Copies = \_\_\_\_\_

**Budget Data**

13. Total Period:	14. Total Amount Requested:	15. Cost Sharing - Total:	16. Indirect Cost:
From: _____	Direct _____	Direct \$0.00	Full Rate Allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No
To: _____	Indirect _____	Indirect \$0.00	<input type="checkbox"/> On-campus – 42% <input type="checkbox"/> Off-campus – 26%
	Total _____	Total \$0.00	Other rate used for this proposal _____%

If other than the full on-campus or off-campus (as appropriate) indirect cost rate is used, a copy of the sponsor's policy limiting indirect cost recovery **must be attached**, or the signature/e-mail approval of the ODU VP for Research must be obtained.

**Cost Share Approval**

**17. Other Matching Funds/Cost Share**      Mandatory:  Yes  No      "Other" party commitment received?  Yes  No

	% Effort	Est. \$	Coll.	Dept.	Other	List source for "Other"
Personnel	_____	\$0.00	_____	_____	N/A	_____
Supplies	N/A	\$0.00	\$0.00	\$0.00	\$0.00	_____
Travel	N/A	\$0.00	\$0.00	\$0.00	\$0.00	_____
Equipment	_____	\$0.00	\$0.00	\$0.00	\$0.00	_____
	_____	\$0.00	\$0.00	\$0.00	\$0.00	_____
	_____	\$0.00	\$0.00	\$0.00	\$0.00	_____
<b>Amount</b>				<b>Signature</b>		<b>Date</b>
<b>Dept.</b>	<b>\$0.00</b>			Chair Approval _____		
<b>College</b>	<b>\$0.00</b>			Dean Approval _____		
<b>Equip. Trust Fund</b>	<b>\$0.00</b>			VP of Fin. and Admin. Approval _____		
<b>Office of Research</b>	<b>\$0.00</b>			Vice President of Research Approval _____		

**Special Checklist**

**18. CONFIDENTIAL OR PROPRIETARY INFORMATION:**

Yes  No Is any proprietary information included in this proposal?

If YES, be sure that the proposal is marked appropriately.

**19. SUB-RECIPIENT AGREEMENTS:**

Yes  No Does the proposal involve a sub-recipient?

If YES, Attach a signed offer, detailed statement of work, budget, and appropriate certifications.

**20. SIGNIFICANT FINANCIAL INTEREST**

Yes  No Does anyone listed as an ODU PI or Co-PI have a **significant financial interest** (3% or greater stock ownership or \$10,000 or more per year in personal consulting income) in the entity supporting this sponsored program?

**If Yes**, has the interest already been disclosed to ODU officials?  Yes  No

**If No**, has a revised conflict of interest form been submitted within the past 12 months? (Required)  Yes  No

**21. ANIMALS:**

Yes  No Does this project involve the use of animals?

If YES, date approved: \_\_\_\_\_ Protocol # \_\_\_\_\_ **(protocol must be approved before a project account number will be assigned)**

If application is pending, date submitted: \_\_\_\_\_

**22. HUMAN SUBJECTS:**

Yes  No Does this project involve human subjects or data obtained from human subjects?

If YES, date of approval: \_\_\_\_\_ Protocol # \_\_\_\_\_ **(protocol must be approved before a project account number will be assigned)**

If application is pending, date submitted: \_\_\_\_\_

If YES, all "key personnel" must complete: **Human Subjects Training**.

Please indicate date completed: \_\_\_\_\_ Attach certification letters for all Key Personnel.

**23. RECOMBINANT DNA:**

Yes  No Does this project involve recombinant DNA?

If YES, date of approval: \_\_\_\_\_ MUA # \_\_\_\_\_

If application is pending, date submitted: \_\_\_\_\_

**24. EXPORT CONTROLS SCREENING.** Note that "person" includes individuals, businesses, governments, and other organizations

Yes  No Does this project involve delivery of hardware, software, materials or biologicals to a foreign national person?

Yes  No Does this project involve training an employee or representative of a foreign national person?

Yes  No Does this project involve travel to or visitors from a foreign country?

Yes  No Does this project involve exchange of written or verbal data or reports with a foreign national/person (could include foreign students sharing space where the project is being conducted)?

**If answer to any of these questions is "Yes", complete the [Export Control Checklist](#) form should an award be made as a result of this proposal.**

**25. ENVIRONMENTAL HEALTH & SAFETY: Contact Environmental Health & Safety Office 683-4495 with any concerns on items selected below.**

**a) Identify potential hazards that apply with your project.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> use of lasers            | <input type="checkbox"/> reproductive toxins          | <input type="checkbox"/> high acute/unknown toxicity |
| <input type="checkbox"/> biohazardous agents      | <input type="checkbox"/> known carcinogens            | <input type="checkbox"/> high voltage (>600 volts)   |
| <input type="checkbox"/> compressed gas cylinders | <input type="checkbox"/> shipping dangerous goods     |  |
| <input type="checkbox"/> radioactive materials    | <input type="checkbox"/> radiation producing machines |  |

**b) Generation of Waste:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> chemical                | <input type="checkbox"/> hazardous                              | <input type="checkbox"/> radioactive/mixed          |
| <input type="checkbox"/> biomedical/biohazardous | <input type="checkbox"/> Batteries (lead acid, Nickel, Cadmium) | <input type="checkbox"/> Other wastes (please list) |

**Additional Information**

26.

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

To determine the correct Research Category, view the NSF NCES fields at the following URL: <http://www.researchfoundation.odu.edu/pdf/nceslist.pdf>



## 27. RESEARCH ACTIVITY CATEGORIES

Project No.:		Principal Investigator:	
Start Date:		Sponsor:	

Select as many of the categories below as needed to describe your project. The selection should be determined by the focus of the research and 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 mathematics, 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.
- Communications:** organizational, political, health; media studies, journalism, advertising, public relations, publishing
- Liberal Arts, General Studies, Humanities:** liberal arts and sciences, library science, humanities/humanistic studies, language and literature/letters, other.
- Philosophy and Religious Studies:** philosophy, logic, ethics, religious studies.
- Visual and Performing Arts:** general, commercial, applied, fine and studio, dance, design, visual communication, acting, drama, film/cinema studies, photography, music, other.
- Education:** leadership, urban, continuing, multilingual, curriculum, assessment, evaluation, international, comparative, early childhood, other.
- Leisure and Fitness Studies:** physical education, parks and recreation, kinesiology, sport administration, athletic training, other.
- Health Professions and Clinical Sciences:** audiology, speech pathology, dental hygiene, health care administration, medical illustration, nursing, public health education/promotion, allied health diagnostic/treatment, other
- Other:** (used only when the multidisciplinary and interdisciplinary aspects are so diverse as to make the classification under primary fields impossible)

## PROPOSAL TRANSMITTAL FORM INSTRUCTIONS

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 appropriate box to indicate solicited or unsolicited proposal. Fill in sponsor assigned grant, contract, or proposal number, if applicable.
8. **Current ODU Research Foundation Project No.** If related to existing ODU Research Foundation award, provide ODU Research Foundation project account number.
9. **Current Sponsor Award No.** If related to existing ODU Research Foundation award, provide SPONSOR award number.
10. **CFDA No.** Insert Catalog of Federal Domestic Assistance number from RFP or other proposal guidelines document
11. **Sponsor's Name and Associated Information** Enter name of sponsor organization/agency, name, telephone number and email for 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. **Total Period** Provide start and end dates for entire project performance period for which funding is requested.
14. **Total Amount Requested** Provide amount of funding requested from sponsor for the entire project performance period.
15. **Cost Sharing - Total** Provide amount of cost share funding proposed for entire project performance period.
16. **Indirect Cost**
  - Check appropriate box to indicate whether the full rate is allowable.
  - Check appropriate box for on campus or off campus - at least 50% of the project activity (not including collaborators) must be performed at a location not owned, leased or maintained by the university to qualify as "off campus".
  - Fill in rate used if it is different from full on campus or off campus rates listed above.
    - **If the sponsor allows the full indirect cost rate, use of a lower rate MUST be approved by the Vice President for Research and a copy of the approval attached.**
    - **If the sponsor prohibits or restricts the rate of indirect cost, a copy of the sponsor's written policy MUST be attached.**
17. **Other Matching Funds / Cost Share**
  - Check appropriate box to indicate whether cost sharing is required by the sponsor
  - Check appropriate box to indicate whether confirming documentation has been received from sources (other than College or Department) committing resources for cost share
  - Itemize type and source of cost share and list total for each source
  - Obtain signatures on this form or attach confirmation, with signature or via email, by all parties committing to provide cost share funding.

18. **Confidential or Proprietary Information** Check appropriate box with regard to Intellectual Property that is, or may in the future become, subject to copyright or patent protection. If there is Background Technology, be sure to mark the proposal accordingly.
19. **Sub-recipient Agreement** Check appropriate box to indicate whether the proposal includes subcontracts to other organizations. If so, attach a signed letter of commitment, detailed statement of work, budget and any certifications needed
20. **Significant Financial Interest** Check appropriate box in response to the first question. **If yes**, check the appropriate box for the second question and **if no**, check the appropriate box for the third question.
21. **Animals** Check appropriate box in response to provided question. If yes, complete requested information regarding IACUC review. For further information, contact the Research Compliance Coordinator, ODU Office of Research.
22. **Human Subjects** Check appropriate box in response to provided question. If yes, complete requested information regarding IRB review. Federal regulations require project key personnel to complete training in working with human subjects, and HIPAA training if applicable to the project. Attach certification letters confirming training for all key personnel. For further information, contact the Research Compliance Coordinator, ODU Office of Research.
23. **Recombinant DNA** Check appropriate box. If yes, complete requested information regarding IBC review. For further information, contact the Research Compliance Coordinator, ODU Office of Research.
24. **Export Controls** Check appropriate box for each of four questions. If the answer to any of these questions is yes, complete [export checklist] form.
25. **Environmental Health & Safety** The ODU Environmental Health & Safety Office's (EHSO) mission is to work collaboratively with the researcher to ensure regulatory compliance. By evaluating the information within this checklist, the EHSO staff will review the checklist and assist the researcher in verification and documentation required by these regulations before the project begins.

Check all environmental, health and safety concerns that apply to the project. Contact the Environmental Health & Safety Office at 683-4495 about any selected items to ensure all safety and compliance issues are met. Often, there may be additional requirements, such as training, use of personal protective equipment and/or other safety equipment that must be obtained and/or purchased prior to working with the hazard. This can be especially important when it involves modifications to the infrastructure of a laboratory or room such as the installation of a biological safety cabinet or an entryway laser interlock system. These items may pose an added cost that should be factored into the proposal before it is submitted for approval.

  - a) A list of some of the biohazardous agents, high acute toxicity and known carcinogens can be located in the ODU Chemical Hygiene Plan. This plan along with additional information is available on the Environmental Health & Safety Office's website [www.odu.edu/af/ehs](http://www.odu.edu/af/ehs).
  - b) Generation of Wastes – If waste will be generated, but the category of waste is unknown, please call the EHSO for a waste determination. The EHSO will provide waste containers and assist the researcher in the disposal of wastes in a compliant manner.
26. **Additional Information** Fill in any other relevant information not otherwise covered.
27. **Research Activity Categories** Check research category best describing the nature of proposed research on separate form listing categories. To determine the correct Research Category for science or engineering disciplines, view the NSF NCES fields in [this PDF document](#).
28. **Disclosures and Certifications** Principal Investigator's signature on Proposal Transmittal Form document for acknowledgement and agreement to comply with requirements of this section.
29. **Principal Investigator** The lead Principal Investigator retains administrative and fiscal responsibility for this project. This is the individual who has signed on the first line of this section. All other Co-Principal Investigators should provide their signatures in space provided. Please allocate associated percentage credit for proposal among the Principal Investigator and Co-Principal Investigators.
30. **Approvals** Signatures (or email confirmation) are required for Principal and Co-Principal Investigators' Department Chairs or Center Director and Dean of College/School. Proposals containing institutional cost share or voluntary waiver of indirect costs (full or partial) also require the signature of the Vice President for Research.