



# 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

<b>1. Principal Investigator:</b>	<b>2. Department:</b>	
<b>3. Telephone &amp; Ext:</b>	<b>4. Fax No.:</b>	<b>5. Email Address:</b>

**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

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

### Sponsor Transmittal Data

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

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

### Budget Data

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

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

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

<b>21. University Contribution:</b>	<input type="checkbox"/> Institutional Cost Sharing ( <i>Includes Voluntary</i> )*
<input type="checkbox"/> Department Cost Sharing ( <i>Responsibility of Department</i> )	<input type="checkbox"/> Other Cost Sharing: _____
<input type="checkbox"/> College Cost Sharing ( <i>Responsibility of College</i> )	

\*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