

Submit this Transmittal Form along with the proposal and guidelines to the Office of Sponsored Programs (OSP)

Troy University, Office of Sponsored Programs

Adams Administration Building, Suite 248
Troy, Alabama 36082
334-670-3102 osp@troy.edu

Modified: July 2020

Project Director / Principal Investigator _____
Department _____ E-Mail Address _____ Telephone _____

Co-Project Director / Principal Investigator _____
Department _____ E-Mail Address _____ Telephone _____

Co-Project Director / Principal Investigator _____
Department _____ E-Mail Address _____ Telephone _____

Co-Project Director / Principal Investigator _____
Department _____ E-Mail Address _____ Telephone _____

Funding Source _____ Confidential Source? _____ Telephone _____
Website Address _____ E-Mail Address _____

Does this grant contain funds from a federal source (either directly or indirectly)? _____
Agency Name _____ Catalogue of Federal Domestic Assistance (CFDA) Number _____

Project Title _____
Deadline Proposal is Due to Partner _____
Effective Dates of Proposal: Begin _____ End _____ Number of Copies to Agency _____

Type of Proposal _____ Proposal Category _____
Brief Layman's Description of Project (Abstract)

Total Agency Funds Requested _____ For _____ Years _____ Months
Explanation

Indirect Cost Policy:

TROY Sponsored Program proposals are expected to charge maximum allowable indirect cost rates. The allowable indirect cost rate is determined by the sponsor agency and can be found in the application instructions.

Does this proposal request the maximum allowable indirect cost rate? _____

What is the total amount of indirect cost requested? _____

List here the formula for calculating indirect cost:

If indirect is lower than the partner allowed rate or is not charged, please explain here:

Yes No Matching Funds Required?

In kind commitment: Provide specific information about any Troy University matching or in-kind commitments. Specify the source of matching funds with account numbers if appropriate, the personnel and percentage of their time for in-kind commitments, and any other cost sharing commitments in the proposal. Attach additional pages as necessary.

University Clearances & Commitments Verification:

Mark appropriate responses. **Any response marked Yes must include an explanation either in the space provided or in an attachment.**

Yes No Does the proposal involve: Human Subjects Research Animals

Yes No If yes, has the appropriate clearance been obtained from the [Research Review Board or the Animal Review Committee](#)?

Yes No Does Troy University have any expressed or implied responsibility after the agency terminates support of this project?

Explain:

Yes No Does the proposal require (either supported by the sponsor or Troy University) any: Personnel Space
Equipment Replacement Instructors Subcontracts Facilities Other (please detail below)

Items:

Yes No Does the proposal require: Please explain your requirements below:

- an exception or revision of University policy or procedures?
- the creation of a new organizational unit within Troy University?
- other requirements which will impact on Troy University?
- hiring of personnel (either part-time or full-time)?
- exceptional fringe benefits for full-time employees? ([form/policy](#))

Yes No [Additional compensation](#) and/or [course load reduction](#) requested for current employees?

If yes for [additional compensation](#), list the name of the individual receiving compensation, the amount of compensation requested, and the time period in which the compensation is requested:

If yes for [course load reduction](#), please provide the name of the faculty member requesting the reduction and describe the load reduction requested:

Yes No Do you anticipate production of material resulting in an invention, patent, or copyright?

If yes, explain below:

As Project Director / Principal Investigator, I accept responsibility for the scientific and technical conduct and financial management of the proposed project. I will comply with all state and federal regulations / laws which apply to the project. I will also provide the required reports to the funding agency in a timely manner, and will forward copies to the Troy University Office of Sponsored Programs and the Office of Sponsored Programs Accounting.

Project Director / Principal Investigator _____ Date _____

Co-Project Director / Principal Investigator _____ Date _____

Co-Project Director / Principal Investigator _____ Date _____

Co-Project Director / Principal Investigator _____ Date _____

Approvals:

Chair or Director: _____ Date _____

Dean of the School or College: _____ Date _____

Sponsored Programs: _____ Date _____

Senior Vice Chancellor: _____ Date _____

Campus Vice Chancellor: _____ Date _____

Chancellor: _____ Date _____