

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 2016

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)?  Yes  No  
Agency Name \_\_\_\_\_ Catalogue of Federal Domestic Assistance (CFDA) Number \_\_\_\_\_

Project Title \_\_\_\_\_  
Project Deadline \_\_\_\_\_  E-Application  Postmarked  Receipt Date  No Deadline  
Effective Dates of Proposal: Begin \_\_\_\_\_ End \_\_\_\_\_ Number of Copies to Agency \_\_\_\_\_

Type of Proposal  New  Renewal / Continuation  Revision  Fixed Cost Contract  Legislative  Foundation  
Proposal Category  Public Service  Research  Student Services  Instruction  
Brief Layman's Description of Project (Abstract)  
\_\_\_\_\_

Total Agency Funds Requested \_\_\_\_\_ For \_\_\_\_\_ Years \_\_\_\_\_ Months Explanation \_\_\_\_\_  
Indirect Cost Policy: Sponsored Program proposals are expected to charge **maximum allowable indirect cost rates** whether this rate be a **fixed rate determined by the agency** or the **university's negotiated rate**. However, if the agency does not designate a fixed rate or does not allow our negotiated rate, the **minimum rate for all sponsored program proposals is to be 14% of all direct costs**.  
 Yes  No Indirect Cost requested complies with the indirect cost policy listed above. If no, please provide the information below:  
Total Indirect Cost Requested \_\_\_\_\_ Indirect Cost Formula \_\_\_\_\_ % of \_\_\_\_\_  
Explanation of base; or, if "No" from above, explain why:  
\_\_\_\_\_  
 Yes  No Matching Funds Required? If yes, please provide the following information:  
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  Private Funding Sources  
 Radiation Research  Potential Biohazards  Drugs or Controlled Substances

- Yes  No If Yes, has the appropriate clearance been obtained from the Research Review Board, the Animal Review Committee, the Environmental Committee, and/or the Associate Vice Chancellor for Advancement?

- Yes  No Does Troy University have any expressed or implied responsibility after the agency terminates supports of this project? If yes, 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 organization unit within Troy University?
- other requirements which will impact on Troy University?
- hiring of personnel (either part-time or full-time)?
- exceptional fringe benefit policies for full-time employees?

- Yes  No  partial salary  full salary  supplemental salary requested for current Troy University employees? Please explain:

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

- Yes  No If yes, has the appropriate clearance been obtained from the University Attorney?

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; and I will 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 appropriate staff at Sponsored Programs Accounting.

Project Director / Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Co-Director \_\_\_\_\_ Date \_\_\_\_\_

The Project Director / Principal Investigator (P.I.) should obtain approval of the proposal by acquiring the following signatures in the order they are listed:

Chair or Director: \_\_\_\_\_ Date \_\_\_\_\_

Dean of the School or College: \_\_\_\_\_ Date \_\_\_\_\_

Sponsored Programs: \_\_\_\_\_ Date \_\_\_\_\_

University Attorney (invention, patent, copyright issues only): \_\_\_\_\_ Date \_\_\_\_\_

Associate Vice Chancellor for Advancement (private funding sources only): \_\_\_\_\_ Date \_\_\_\_\_

Senior or Executive Vice Chancellor: \_\_\_\_\_ Date \_\_\_\_\_

Campus Vice Chancellor: \_\_\_\_\_ Date \_\_\_\_\_

Chancellor: \_\_\_\_\_ Date \_\_\_\_\_