

Proposal Transmittal Form (PTF)
 Office of Research and Sponsored Programs (ORSP)
 Eastern Illinois University

A) SPONSORING AGENCY
 (To Whom Proposal Will Be Submitted):

Agency Name: _____

Project Dates: Start: _____ End: _____

Complete Project Title:

Please provide a one to two sentence description of the project:

B) PRINCIPAL INVESTIGATOR (PI) OR PROJECT DIRECTOR (PD) INFORMATION
 (Additional co-PIs or co-PD's should be listed on a separate page)

PI/PD Name _____ Department _____ Email Address _____

CO-PI/PD Name _____ Department _____ Email Address _____

CO-PI/PD Name _____ Department _____ Email Address _____

CO-PI/PD Name _____ Department _____ Email Address _____

C) BUDGET SUMMARY
 (Detailed budget must be included in proposal)

	Direct Cost	Indirect Cost	Total Cost
Amount Requested from Funding Agency			
University Contribution (Cost Share)			
Total Cost of Project			

Grant Accountant _____ Date _____ **For Office Use Only**
F & A (Indirect Costs): Approved Rate & Base _____
 Not Allowed _____

D) COST SHARE COMMITMENT

Check as applicable: _____ Required Cost Share _____ Voluntary Committed Cost Share

Cost Categories	Total Dollar Amount	Source	Account (ORG) Number	Authorized Signature	Date
Release Time (AY/Cal)					
Student Salaries (Undergrad/Grad)					
Other Salaries					
Fringe Benefits					
Equipment					
Materials & Supplies					
Graduate Assistant Tuition Waivers					
Block Graduate Tuition Waivers					
Other					
F&A Waiver					
Total					

Source: C (College); D (Department); M (Central Matching Fund); O (Other, Explain)
 ** The PI/PD certifies that all cost sharing is listed in the table above.

E) COMPLIANCE

Will this project involve Human Subjects?
Is IRB review pending? IRB Protocol # _____

Will this project involve Vertebrate Animals?
Is IACUC review pending? IACUC Protocol # _____

Compliance Coordinator, Research and Sponsored Programs _____ Date _____

**F) PI'S, CO-PI'S, DEPARTMENT CHAIR(S) & DEAN(S)/DIRECTOR(S)
ACKNOWLEDGE AND APPROVE THE FOLLOWING SPECIAL CONSIDERATION(S)**

1. Will this project require additional space or facilities? 2. Will this project require renovation of space or facilities? (If yes to either question, please give details, Building, room number, etc.)	Yes	No	If Yes for Item 2, the following signatures are required. _____ Facilities Planning and Mgt. Representative Date _____ Responsible Unit Date
3. Will this project include Release Time, Buyout Time, or any other payment of salary?	Yes	No	If Yes, complete the Grant Workload and Salary Form . Form must be signed by the Chair and Dean and, if applicable, the VP.
4. Is the Responsible Conduct of Research (RCR) Training Completed?	Yes	No	This applies to all federal or federal flow-through research grants. https://www.citiprogram.org/Default.asp
5. Is the Financial Conflict of Interest training completed and/or form Submitted to ORSP?	Yes	No	NSF and PHS Grants Only http://eiu.edu/grants/COMP_FCOI.php
6. Will this project involve purchase of computers? A. Used for normal productivity only. B. Used for computing, or networking that require human and/or technical resources for ITS.	Yes	No	If Yes to Item 6 B, the following signature is required. _____ Assistant Vice President for Information Technology Services Date
7. Does this project include courses/workshops to be offered for academic credit through the College of Education?	Yes	No	If Yes for Item 7, Credit Component approved by: _____ Dean, College of Education Date

G) DEPARTMENT AND COLLEGE APPROVAL

Each of the signatures in Section G below indicates review and approval of the attached proposal and the items specified in this Proposal Transmittal Form, inclusive. Further, it is hereby certified that the PI and Co-PI(s) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency, and that the PI, Co-PI(s), Chair(s) and/or Dean/Director(s) are responsible for adhering to University policies and procedures; accepting responsibility for over expenditures and disallowed costs; ensuring all costs incurred are project related, and in accordance with contractual terms, conditions and time frames, ensuring the technical and reporting requirements of the project are satisfied.

_____	_____	_____	_____	_____	_____
PI/PD	Date	Department Chairperson	Date	Dean of College	Date
_____	_____	_____	_____	_____	_____
PI/PD	Date	Department Chairperson	Date	Dean of College	Date
_____	_____	_____	_____	_____	_____
PI/PD	Date	Department Chairperson	Date	Dean of College	Date
_____	_____	_____	_____	_____	_____
PI/PD	Date	Department Chairperson	Date	Dean of College	Date

H) ADMINISTRATIVE APPROVAL

_____	_____	_____	_____	_____	_____
Director of ORSP	Date	Vice President of Area Submitting Proposal (if applicable)	Date	Vice President for Business Affairs (if applicable)	Date