Office Use Only

1. Proposal Number: _____
2. Date Mailed: _____
3. Date Awarded: _____

Albany State University

OFFICE OF RESEARCH & SPONSORED PROGRAMS
TRANSMITTAL FORM FOR PROPOSAL REVIEW AND APPROVAL

PROPOSAL/CONTRACT SUMMARY INFORMATION:

Title: _____

Principal Investigator/Project Director: _____

Co-Investigator: _____

Funding Agency (Include complete address): _____

_____

_____

Agency Contact Person: _____ Phone: _____

Agency Deadline: _____ Postmarked Date: _____

Total Amount Requested: $ _____

- ☐ Year 01 $ _____
- ☐ Year 02 $ _____
- ☐ Year 03 $ _____
- ☐ Year 04 $ _____
- ☐ Year 05 $ _____

Indirect Costs: $ _____ At _____ %

If this is a collaborative project, state the institution/agency and attach a separate sheet stating the conditions/terms, period covered, contact person and telephone number, total amount requested, share that ASU will receive, etc.

Institution/Agency: _____

Proposed Beginning Date: _____ Ending Date: _____

Project Category:

- ☐ Research
- ☐ Public Service
- ☐ Institution/ Academic Support
- ☐ Professional Development

INSTITUTIONAL COMMITMENTS:

1. ☐ Yes ☐ No Does the funding organization commit the institution to cost sharing? If yes, indicate percent of effort _____%. If you plan to meet cost-sharing commitments in any way other than contributed Time, indicate how:

2. ☐ Yes ☐ No Does the proposal require release time for faculty or other college personnel? If yes, complete the attached FRT (faculty release time) form.

3. ☐ Yes ☐ No Does this project involve more than one department and/organization? If yes, have you notified the chair/coordinator/director of each unit? I have notified:

4. ☐ Yes ☐ No Does the proposal require or utilize matching funds? If yes, provide specific information. Be sure to indicate the source of these matching funds.

5. ☐ Yes ☐ No Is space other than the investigator's current office and/or lab necessary for the completion of this project? If yes, has the space been identified and committed? ☐ **Yes** ☐ **No**

6. ☐ Yes ☐ No Does the proposal provide for the purchase of equipment in addition to that presently available?

7. ☐ Yes ☐ No Are there provisions for equipment maintenance? If yes, who will pay for this maintenance?

SAFETY AND PROTECTION:

8. ☐ Yes ☐ No Does the proposal involve research with any subject or substance which requires review by a designated individual, office or committee?

Category	Date of Review	Date to be Reviewed	Pending Review
Human Subjects * This includes use of survey forms for research purposes			
Animal Subjects			
Chemical Hazards			
Recombinant DNA			
Biological Hazards			

9. ☐ Yes ☐ No Does the project involve research with radioactive chemicals? If yes, state the name and half-life.

_____

_____

_____

If yes, have you received certification on state and federal levels?
State: ☐Yes ☐No

Federal ☐Yes ☐No

Signature of PI/PD _____

Signature of Co-PI/PD _____

SIGNATURES INDICATING APPROVAL

Department/Chair/Unit Director _____

Appropriate Dean _____

Sponsored Programs _____

Vice President for Academic Affairs _____

President _____

Albany State University

FACULTY RELEASE TIME REPORT

Sponsoring Agency: _____ Project Period: _____

Name and Rank	Department/ Unit	% Release of Time	Salary Requested	Fringe Benefits

*Approval for release time indicated above

_____ _____
Immediate Supervisor Date

_____ _____
Department Chairperson Date

_____ _____
Appropriate Director Date

_____ _____
Associate Vice President for Research & Sponsored Programs Date

_____ _____
Vice President for Academic Affairs Date

Albany State University

TIME & EFFORT FORM

Date: _____

Name: _____

Department: _____

This information is needed for Federal and State Audit Requirements.

ACTIVITY (SPONSORED PROJECTS)		GRANT NUMBER	PERIOD (FROM ___ TO ___)	TOTAL NOT TO EXCEED 100%
1.				
2.				
3.				
4.				
			Total	

Professional Development Fund Award:(if applicable) _____ %

Teaching: _____ %

Research: _____ %

Service: _____ %

OVERLOAD

NAME OF ACTIVITY	TIME INVOLVED	DUTIES

I certify that the information listed above is correct

_____ _____
Principle Investigator/Program Director Date

_____ _____
Immediate Supervisor Date

_____ _____
Vice President for Academic Affairs Date

_____ _____
Associate Vice President for Research and Sponsored Programs Date

Return this form to the Office of Research & Sponsored Programs to obtain additional signatures.