|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposal Transmittal Form**  **North Dakota State University**  **Sponsored Programs Administration** | | | | | | | | | **Sponsored Programs Use**  Date Received: | | | | | | | |
|  | | | | | | | | | Proposal Number: | | | | | | | |
| **Address:** 1735 Research Park Drive  Dept. 4000 – PO Box 6050  Fargo, ND 58108-6050 | | | **E-mail:** NDSU.Research@ndsu.edu  **Phone:** (701) 231-8045  **Fax:** (701) 231-8098 | | | | | | Access/P.S. Entered: | | | | | | | |
|  | | |  | | | | | | Date Sent to GCA: | | | | | | | |
| **SECTION A: PROPOSAL DATA** | | | | | | | | | | | | | | | | |
| **NDSU Primary Principal Investigator Name** | | | | | **PI’s Dept. / Center Name** | | | | | **Dept. #** | | | **P.I. Phone** | | | |
| **Project Title** | | | | | | | | | | | | | **Start Date** | | | |
|  | | | | | | | | | | | | | **End Date** | | | |
| **Submission** **Type**  **Pre-Proposal**  (Sponsor requires preliminary information before final submission)  **New** (New proposal/award, not part of an existing award)  **Revision – Original Project #:**  (changes to existing proposal - i.e. budget increase or decrease) | | | | **Renewal - Original Project #:**  (i.e. 2nd through 5th year of an existing award)  **Supplemental Original Project #:**  (additional money to an existing project) | | | | | | | | | **Purpose** **Type**  Research-Basic  Research-Applied  Research-Development  Instruction  Other | | | |
| **Subaward/Subcontract**  **NDSU to Issue Subaward to External Entity**  **Yes**  **No**  If yes, must attach external entity approvals for each recipient.  **NDSU to Receive Su****baward from External Entity  Yes**  **No** | | | | | | | **Primary Project Location**  **Building Name:**  **Room/Lab #:** | | | | | |  | | | |
| **Match/Cost Sharing**  **Is Match/Cost Sharing Required?**  **Yes**  **No** If yes, see question below.  If no, do not include in proposal.  **Is Match/Cost Sharing Included?**  **Yes**  **No**   If yes, attach sponsor guidelines highlighting requirement. | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Match/Cost Sharing Sources** (Attach documentation of commitment documentation of NDSU in kind salaries, fringes and un-  recovered indirect costs are not required) | | | **Department: $** | **VPAA: $** | | **College/Center: $** | **Other: $** | | | | | | | | | | | |
| **NDSU Information Technology Considerations**  **Will the Project Affect or Require Significant IT**  **Yes No**  **Does the Budget Include Funds for IT?**  **Yes**  **No**  If either answer is yes, please contact Marc Wallman, 231-8640. | | | | | | | **Check if Project is/does One or More of the Following:**  **Extension**  **Agricultural Experiment Station** | | | | | | | | | |
|  | | | | | | | **Federal Government Relations Project (FGR)?  Yes  No** | | | | | | | | | |
|  | | | | | | | **Will Project Generate Program Income?  Yes  No** | | | | | | | | | |
| **Section B: SPONSOR/PROGRAM DATA** | | | | | | | | | | | | | | | | |
| **Primary Sponsor (NDSU Receives Funds From)** | | | | | | | **Primary Source of Funds (Flow Through Funding)** | | | | | | | | | |
| **Funding Program (If Available)** | | | | | | | **Sponsor Due Date** | | | | | **Electronic Submission Date** | | | | |
| **SECTION C: BUDGET DATA** | | | | | | | | | | | | | | | | |
| **Total Direct Costs**  **$** | **F&A Costs (i.e. in-directs)** **$** | | | | **Total Requested From Sponsor** **$** | | | | **F&A % Used In Proposal**  Attach sponsor guidelines if other than NDSU negotiated rate.       % | | | | | | | |
| **SECTION D: COMPLIANCE DATA** (All three compliance areas must be fully completed) | | | | | | | | | | | | | | | | |
| **Animals  Yes  No**  ***(All Live Vertebrate Animals*)**  **If yes: IACUC Approval is**  **Pending**  **Current - Protocol Number:**    **Certification of IACUC Approval** | | | **Human Subjects Research  Yes  No**  **(**  **If yes: IRB Approval is**  **Pending**  **Current - Protocol Number:**    **Certification of IRB Approval** | | | | | | **IBC  Yes**  **No**  ***(Recombinant DNA, Blood, Infectious Agents)***  **If yes: IBC Approval is**  **Pending**  **Current - Protocol Number:**    **Certification of IBC Approval** | | | | | | | |
| **SECTION E: APPROVAL SIGNATURES**  **CONFLICT OF INTEREST DISCLOSURE.** The proposed project or relationship with the Sponsor requires disclosure of significant financial interests that present an actual or potential conflict of interest for investigators involved in this project. By signing this form, all investigators certify that they have read and understand NDSU’s Conflict of Interest policy as addressed by the NDSU policy manual chapter and have made all disclosures required. Indicate Yes or No for each PI/Co-PI below. | | | | | | | | | | | | | | | | |
| **College/Unit Approvals**  Type or Print Name | | **Department/College/Center** | | | | | | **Signature** | | | | | | | | **Date** |
| **Primary NDSU PI Name** | |  | | | | | | **Conflict of Interest**  **Yes**  **No** | | | | | | | |  |
| **Department Chair/Head** | |  | | | | | |  | | | | | | | |  |
| **College Dean/Director** | |  | | | | | |  | | | | | | | |  |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest**  **Yes**  **No** | | | | | | | |  |
| **Department Chair/Head** | |  | | | | | |  | | | | | | | |  |
| **College Dean/Director** | |  | | | | | |  | | | | | | | |  |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest**  **Yes**  **No** | | | | | | | |  |
| **Department Chair/Head** | |  | | | | | |  | | | | | | | |  |
| **College Dean/Director** | |  | | | | | |  | | | | | | | |  |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest**  **Yes**  **No** | | | | | | | |  |
| **Department Chair/Head** | |  | | | | | |  | | | | | | | |  |
| **College Dean/Director** | |  | | | | | |  | | | | | | | |  |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest    Yes  No** | | | | | | | |  |
| **Department Chair/Head** | |  | | | | | |  | | | | | | | |  |
| **College Dean/Director** | |  | | | | | |  | | | | | | | |  |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest**  **Yes**  **No** | | | | | | | |  |
| **Department Chair/Head** | |  | | | | | |  | | | | | | | |  |
| **College Dean/Director** | |  | | | | | |  | | | | | | | |  |
| **Institutional Approvals** | | **Signature** | | | | | | | | | | | | | | **Date** |
| **SPA Budget and Program Officer** | |  | | | | | | | | | | | | | |  |
| **If Construction or Additional Space Needed, Appropriate VP Must Sign** | |  | | | | | | | | | | | | | |  |
| **RCA/SPA Authorized Official** | |  | | | | | |  | | | | | | | |  |
| **SECTION F: Facilities and Administrative Distribution (SPA Programs Use)** | | | | | | | | | | | | | | | | |
| **Central Administration %** | | **Generating College %** | | | | **Research Office %** | | | | | **Other Distribution %** | | | | **FGR %** | |
| Attach additional signature pages if needed. (Print form on light green paper) | | | | | | | | | | | Revised 03.23.2017 | | | | | |
| **SECTION E: APPROVAL SIGNATURES**  **CONFLICT OF INTEREST DISCLOSURE.** The proposed project or relationship with the Sponsor requires disclosure of significant financial interests that present an actual or potential conflict of interest for investigators involved in this project. By signing this form, all investigators certify that they have read and understand NDSU’s Conflict of Interest policy as addressed by the NDSU policy manual chapter and have made all disclosures required. Indicate Yes or No for each PI/Co-PI below. | | | | | | | | | | | | | | | | |
| **College/Unit Approvals**  Type or Print Name | | **Department/College/Center** | | | | | | **Signature** | | | | | | **Date** | | |
| **Primary NDSU PI Name** | |  | | | | | | **Conflict of Interest    Yes  No** | | | | | |  | | |
| **Department Chair/Head** | |  | | | | | |  | | | | | |  | | |
| **College Dean/Director** | |  | | | | | |  | | | | | |  | | |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest    Yes  No** | | | | | |  | | |
| **Department Chair/Head** | |  | | | | | |  | | | | | |  | | |
| **College Dean/Director** | |  | | | | | |  | | | | | |  | | |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest    Yes  No** | | | | | |  | | |
| **Department Chair/Head** | |  | | | | | |  | | | | | |  | | |
| **College Dean/Director** | |  | | | | | |  | | | | | |  | | |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest    Yes  No** | | | | | |  | | |
| **Department Chair/Head** | |  | | | | | |  | | | | | |  | | |
| **College Dean/Director** | |  | | | | | |  | | | | | |  | | |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest    Yes  No** | | | | | |  | | |
| **Department Chair/Head** | |  | | | | | |  | | | | | |  | | |
| **College Dean/Director** | |  | | | | | |  | | | | | |  | | |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest    Yes  No** | | | | | |  | | |
| **Department Chair/Head** | |  | | | | | |  | | | | | |  | | |
| **College Dean/Director** | |  | | | | | |  | | | | | |  | | |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest    Yes  No** | | | | | |  | | |
| **Department Chair/Head** | |  | | | | | |  | | | | | |  | | |
| **College Dean/Director** | |  | | | | | |  | | | | | |  | | |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest    Yes  No** | | | | | |  | | |
| **Department Chair/Head** | |  | | | | | |  | | | | | |  | | |
| **College Dean/Director** | |  | | | | | |  | | | | | |  | | |
| **Co-PI Name** | |  | | | | | | **Conflict of Interest**  **Yes**  **No** | | | | | |  | | |
| **Department Chair/Head** | |  | | | | | |  | | | | | |  | | |
| **College Dean/Director** | |  | | | | | |  | | | | | |  | | |

NDSU Proposal Transmittal Form Instructions (Print form on light green paper) *Revised 03.23.2017*

All NDSU applications for external funding must receive approval before they are sent to the proposed funding agency for consideration (NDSU Policy Manual Section 801).

The Vice President for Research and Creative Activities (RCA) or a designee is the university official authorized to commit the university to grants, contracts, subcontracts, or other formal agreements. The Vice President acts on behalf of the President and reviews proposals for consistency with institutional mission and policies; with public and private policies; and federal, state, and local laws, regulations, and certifications. This signature also assures a check for availability and commitment of institutional support, services, and resources.

At least three business days prior to the date you plan to send your proposal to the funding agency; you must submit the following to the Sponsored Programs Administration (SPA) Office, Research 1 - 1735 Research Park Drive. A complete final copy of the proposal must be sent to Sponsored Programs Administration after submission.

1. The NDSU Proposal Transmittal Form, complete with signatures through the Approval Signatures section
2. Funding agency pages requiring an authorized university official's signature (e.g., cover page, certifications)

(If the funding agency does not have such forms, the SPA Office will prepare a signature page for you to send with your proposal.)

1. The budget, with any budget narrative that explains or justifies the budget figures
2. Project description, summary, or abstract
3. Documentation from the sponsor regarding a) indirect cost policy, if less than full indirect costs and b) matching requirements, if match is required

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| --- | --- |
| Section A | Proposal Data |
| *NDSU Primary PI Name* | Name of NDSU’s primary principal investigator. |
| *Department/College/Center* | Identify the Department/College/Center that will administer the award (i.e. administering department may be Center for Science and Math even though the primary PI department is Statistics). |
| *P.I. Phone* | Principal Investigators telephone number. |
| *Project Title* | Project title of proposal. |
| *Start Date/End Date* | Project start and end dates. |
| *Submissions Type* | Check the appropriate proposal submission type. |
| *Subawards/Subcontracts* | Subawards/Subcontracts are agreements that are written under the authority of, and consistent with, the terms and conditions of a prime award, and authorize a portion of the effort to be performed by another organization. |
| *Primary Project Location* | List NDSU building name and room number where majority of project activities will occur. Extension centers can list appropriate REC. If the majority of project activities will occur off campus, list “off campus” as the location. |
| *Purpose Type* | Check the appropriate purpose type. Research includes three types of research. Basic is research undertaken primarily to acquire new knowledge without any particular application or use in mind. Applied is research conducted to gain the knowledge or understanding to meet a specific, recognized need. Development is the systematic use of the knowledge or understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including the design and development of prototypes and processes. Instruction includes University level teaching, course and curriculum development. Other includes all other sponsored program activity that is not considered research or instruction such as public outreach activities. |
| *Match/Cost Sharing* | Match/Cost share is a contribution, either mandatory or voluntary, of cash or in-kind services provided by the grantee institution or a third party to the overall costs of the project. If match/cost share is required, attach sponsor guidelines. Match/cost share should not be included on a proposal unless required by sponsor guidelines. |
| *Match/Cost Sharing Sources* | List sources of match/cost share. |
| *NDSU IT Considerations* | Check yes or no if project affects or requires significant IT services. Indicate whether budget includes funds for IT. |
| *Ext. or Ag. Experiment Station* | Indicate whether proposal is through Extension or Experiment Station. |
| *FGR Project* | FGR projects are funded by federal earmarked dollars that have been obtained by a joint effort between NDSU and North Dakota’s congressional delegation. |
| *Program Income* | Refers to income generated by this grant-supported activity, e.g., conference registration fees, sale of brochures, or fees from services performed or grant equipment used. |
| Section B | Sponsor/Program Data |
| *Primary Sponsor Name* | The primary sponsor is the sponsor that NDSU will be getting the direct source of funds from. |
| *Primary Sponsor Source of Funds* | If the primary sponsor is receiving funds from another source, list the primary sponsor’s source of funds. (i.e. primary sponsor - University of Minnesota, primary sponsor’s source of fund - USDA/NIFA). |
| *Funding Program* | List program solicitation (e.g., CAREER, REU, New Investigator Awards, AREA, DEPSCoR). |
| *Sponsor/Electronic Due Date* | List date proposal is due to the sponsor. If proposal is submitted electronically, list electronic due date. |
| Section C | Budget Data |
| *Total Direct Costs* | All costs requested from the primary sponsor (direct source of funds). This does NOT include match/cost share funds, F&A costs or costs to be borne by other sources. |
| *F&A Costs (indirect costs)* | NDSU’s policy is to charge the full F&A cost rate on all requests for external funding. The current approved F&A cost rate should be used - see NDSU Policy Manual Section 813. |
| *Total Request from Sponsor* | Add the total direct costs and the total F&A costs to determine total request to Sponsor. |
| *F&A % Used in Proposal* | Indicate the % rate used to calculate F&A. If the full rate is not included in the proposal budget, written documentation from Sponsor regarding their F&A cost policy must be attached. |
| Section D | Compliance Data |
| *Animals, Human Subjects, IBC* | Check whether protocol is pending or approved. If project has an approved protocol number, list it on the form. IRB Director Review space is for Sponsored Programs use only. |
| Section E | Approval Signatures |
| *Approval Signatures* | The signature of the PI all CO-PI’s and their respective Department Chairs, College Deans/Center Directors  are required before submission of paperwork to the SPA Office. |
| Section F | Facilities and Administration Distribution (Sponsored Programs Use) |
| *F&A Distribution* | If a split of the F&A distribution other than the 42% to the primary PI’s college, attach a memo of understanding signed by the PI, Co-PI’s and their respective Department Chairs, College Deans/Center Directors. |
| Section G | Approval Signatures (Additional Signature Page) |
| *Approval Signatures* | Use this page if extra space is needed for signatures. |

Questions regarding completion of this form should be directed to Sponsored Programs Administration - 231-8045.