

# Seattle University

## Office of Research Services and Sponsored Projects

Proposal Transmittal Form (PTF)

For Internal Use Only

### PROJECT IDENTIFICATION

Principal Investigator/Project Director Department/College Email Phone  
 I have included \_\_\_ (insert #) co-PI/PD(s) and/or Other Key Personnel at SU in this proposal. \*Attach an Addendum for each.

Project Title

Sponsor Program Name/CFDA Deadline Method

#### TYPE OF AGENCY

- Federal Government
- State Government
- Local Government
- Institution of Higher Education
- Corporation/Foundation
- Other: \_\_\_\_\_

#### TYPE OF APPLICATION

- New Application
- Continuation
- Competitive Renewal
- Supplemental Request
- Other: \_\_\_\_\_

#### PROJECT TYPE

- Research
- Conference/Workshop
- Training/Instruction
- Equipment
- Other: \_\_\_\_\_

If this is not a new application, please provide the grant or contract number: \_\_\_\_\_  
and the SU grant budget number: \_\_\_\_\_

### BUDGET INFORMATION

#### TOTAL DOLLARS REQUESTED

Direct Costs: \_\_\_\_\_  
Indirect Costs: \_\_\_\_\_  
Total Sponsor Costs: \_\_\_\_\_  
\*\*Cost Share/Match: \_\_\_\_\_  
Total Project Costs: \_\_\_\_\_

#### PROJECT PERIOD

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

\*\*Cost share/match may not be a part of this proposal and therefore will be \$0.00.

### COMPLIANCE REQUIREMENTS

- Yes  No Has a draft budget been reviewed by the Office of Research Services and Sponsored Projects?
- Yes  No Will the project recover indirect costs at the negotiated university rate? (If no, attach sponsor's IDC policy.)
- Yes  No If proposal is to a commercial organization or foundation, has the Office of Corporate and Foundation Relations (University Advancement) been notified?
- Yes  No Are you or anyone named in the proposal a member of the Society of Jesus (Jesuit)?
- Yes  No Does the proposed project involve salary release during the year? (If yes, amount of release: \_\_\_\_\_)
- Yes  No Is purchase of equipment with an acquisition cost of \$5,000 or greater anticipated?
- Yes  No If equipment is required, have you checked to ensure that the equipment is not available and accessible?
- Yes  No Does the project involve issuing a subaward? If yes, include budget narrative, scope of work, letter of commitment, and F&A rate agreement, including contact information of the OSP office and the subrecipient PI.
- Yes  No Will the project involve travel either foreign or domestic?
- Yes  No Will human subjects be used or will data about living people or their biological specimens be used or collected?
- Yes  No Will vertebrate animals be used?
- Yes  No Is there a probability that this project will result in a patent or copyright?
- Yes  No Will material be transferred from SU to an outside entity or from an outside entity to SU?
- Yes  No Will this project require a Cost Accounting Standards (CAS) major exemption?
- Yes  No Will hazardous materials be used?
- Yes  No Is the project under export control restrictions?

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**PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR CERTIFICATION**

I, \_\_\_\_\_ attest that neither I nor any person responsible for the design, conduct and/or reporting of this project (including spouses and/or dependent children) have any financial interest such as royalty, equity, or any other payments (e.g. consulting, salary, etc.) in the sponsor or in other entities having a financial interest in intellectual property, products or services which are the subject of the proposed research that exceed \$10,000 in current value or exceed a 5% ownership interest.  
\*\* If there is a financial interest, complete a disclosure form/letter.

I also attest that 1) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency; 2) I have received, read, understand and will abide by Seattle University's policies regarding externally funded sponsored agreements; 3) I agree to be bound by the terms and conditions of the externally funded sponsored agreement which supports this activity; 4) I understand that my false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and 5) I agree to accept responsibility for the scientific conduct of this project and to provide the required progress reports if a grant is awarded as a result of this application.

My signature below certifies to the above statements and that to the best of my knowledge all information submitted within this proposal is true, complete and accurate.

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Principal Investigator/Project Director

Date

**REQUIRED COLLEGE APPROVALS**

The signatures below indicate review of the above referenced proposal; confirmation that it is consistent with departmental, college and/or university mission, practices, and priorities; and approval of all commitments described in the proposal including those involving space, equipment, personnel, release time, cost sharing and conflict of interest.

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Department Chair

Date

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Dean

Date

**The completed proposal and the proposal transmittal form are due to the Office of Research Services and Sponsored Projects no less than five (5) business days before the submission deadline. If Cost Share is required, the Office of the Controller requires an additional five (5) business days to review. Be advised, all college and institutional signatures must be obtained prior to submission of the proposal to the sponsor.**

**REQUIRED INSTITUTIONAL APPROVALS**

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Office of Research Services and Sponsored Projects

Date

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Office of the Controller (Required when Cost Share/Match Commitment Made)

Date

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University Advancement (Required for Private Foundations/Corporations Submissions)

Date

I authorize the Office of Research Services and Sponsored Projects to submit the above mentioned proposal as the Authorized Organizational Representative (AOR) on behalf of Seattle University.

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Office of the Provost

Date

**COST SHARE COMMITMENTS**

Cost share commitments require additional approval from the committing unit (e.g., Dept. Chair, Dean, etc.) **as well as approval from the Office of the Controller**. Please allow up to an additional week for proposal processing unless such approval has been obtained prior to submission to the Office of Research Services and Sponsored Projects.

\*\*\*I approve the cost share commitment that will be devoted to this project by faculty/staff in my college as well as the contribution/release time from my college described in the proposal and/or listed below in the Cost Share Commitments.

Cost Share Requirement as listed in RFP:

	Amount:	Provided By:	Fund & Dept Code:	***Signature
Salary	_____	_____	_____	_____
Fringe	_____	_____	_____	_____
Supplies/Materials	_____	_____	_____	_____
Equipment	_____	_____	_____	_____
Indirect Costs	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____

If the project is funded at a reduced level, Seattle University reserves the right to renegotiate the amount of the cost share committed.

**FOR OFFICE OF RESEARCH SERVICES AND SPONSORED PROJECTS USE ONLY**

Date Received: _____	Proposal Number: _____	Submission Date: _____
Submitted by: _____	Title: _____	

**COMMENTS ON PROPOSAL:**

<b>AWARDED PROJECT INFORMATION</b>	
Date Award Accepted: _____	Funded Amount: _____
Start Date: _____	Direct Costs: _____
End Date: _____	Indirect Costs: _____
Award Number: _____	Budget Number: _____

**PROJECT IDENTIFICATION**

Name of SU Lead PI/PD: \_\_\_\_\_

Co-Principal Investigator/Project Director or Other Key Personnel

Department/College

Email

**COMPLIANCE REQUIREMENTS**

- Yes  No Are you or anyone named in the proposal a member of the Society of Jesus (Jesuit)?  
 Yes  No Does the proposed project involve salary release during the year? (If yes, amount of release: \_\_\_\_\_)

**CO-PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR OR OTHER KEY PERSONNEL CERTIFICATION**

I, \_\_\_\_\_ attest that neither I nor any person responsible for the design, conduct and/or reporting of this project (including spouses and/or dependent children) have any financial interest such as royalty, equity, or any other payments (e.g. consulting, salary, etc.) in the sponsor or in other entities having a financial interest in intellectual property, products or services which are the subject of the proposed research that exceed \$10,000 in current value or exceed a 5% ownership interest.

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My signature below certifies to the above statements and that to the best of my knowledge all information submitted within this proposal is true, complete and accurate.

Co-Principal Investigator/Project Director or Other Key Personnel

Date

**REQUIRED COLLEGE APPROVALS**

The signatures below indicate review of the above referenced proposal; confirmation that it is consistent with departmental, college and/or university mission, practices, and priorities; and approval of all commitments described in the proposal including those involving space, equipment, personnel, release time, cost sharing and conflict of interest.

Department Chair

Date

Dean

Date

**COST SHARE COMMITMENTS (Only list commitments associated with this Co-PI/PD or Other Key Personnel)**

	Amount:	Provided By:	Fund & Dept Code:	***Signature
Salary	_____	_____	_____	_____
Fringe	_____	_____	_____	_____
Supplies/Materials	_____	_____	_____	_____
Equipment	_____	_____	_____	_____
Indirect Costs	_____	_____	_____	_____
Other	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

Office of Research Services and Sponsored Projects

Date

Office of the Controller

Date