

SPONSERED PROJECTS TRANSMITTAL SHEET

SP001 (3/97)

1. PRINCIPAL INVESTIGATOR DEPARTMENT* COLLEGE

* Designates department(s) responsible for accounting.

2. PROJECT TITLE

3. SOURCE OF SUPPORT (name and address)

4. TERM AND AMOUNT REQUESTED/FUNDED

From _____ To _____ From _____ To _____

(Dates of initial, modified, or next budget period) (Dates of entire period)

		Initial, mod/next		Total
a) Sponsor Support Requested				
Direct	\$	_____	\$	_____
F & A(% for 1st/next year)		_____		_____
Sponsor Total	\$	_____	\$	_____
b) KSU Share of Costs				
Direct	\$	_____	\$	_____
F & A		_____		_____
Waived F & A		_____		_____
KSU Total	\$	_____	\$	_____
c) Other Funding Support (external)				
Direct	\$	_____	\$	_____
F & A		_____		_____
Total Other	\$	_____	\$	_____
d) Total Project Costs				
Direct	\$	_____	\$	_____
F & A		_____		_____
Project Total	\$	_____	\$	_____

5. INTERNAL MATCHING FUND SOURCES(Excludes state budgeted salaries and fringe benefits. Signature required for each matching source.) Indicate source: S = State F = Federal

_____	\$	S	_____	F	_____
Signature					
_____	\$	S	_____	F	_____
Signature					
_____	\$	S	_____	F	_____
Signature					
_____	\$	S	_____	F	_____
Signature					

6. DEPT ALLOCATION: R = Reporting, S = F&A

R S

Department _____

Department _____

Department _____

Department _____

Due Date

Department Contact

Name _____

Phone _____

TYPE OF SUBMISSION:

Proposal

Initial

Competitive Renewal (F)

Non-Competitive Cont (F)

Revised (P)

Budget

Other

Proposed Award (P)

Award

First Time (P)

Renewal/Continuation (F)

Modification (F)

Period

Budget

PI

Other

Enter P or F No.

(P) = Proposal (F) = FRS

ACTIVITY

Research

Basic %

Applied %

University AES EES

Instruction/Training

Equipment

Facilities/Construction

Public Services

Continuing Education

Cooperative Extension

Other

SOURCE OF FUNDS

Area/Local Government

State Government

Federal Government

Private (for profit)

Private (non-profit)

For PAS & SPA Use Only

Current F & A Rate _____ %

Fed _____ %

Initials of PAS Reviewer _____

Initials of SPA Reviewer _____

Proposal # _____

Account # _____

If the answer is yes to any of the statements in 7-10 below, approval of the noted official is required.

7. INTELLECTUAL PROPERTY:

[] yes [] no Does proposal/award require intellectual property to be licensed by or assigned to the sponser. (Vice Provost for Research)

8. ADMINISTRATIVE APPROVALS:

- a) [] yes [] no New faculty hired with continuing commitments beyond project. (College Dean)
b) [] yes [] no Faculty member on project who will be off-campus for three months or longer, eg., sabbatical or IPA. (College Dean, Provost and Board of Regents)
c) [] yes [] no Federal monies for capital improvements. (Vice President for Administration and Finance and Board of Regents)
d) [] yes [] no Faculty overloads in instruction. (College Dean, Dean of Continuing Education and Vice Provost for Research)
e) [] yes [] no Construction of alterations of facilities (including electrical power modifications), or additional space requirements. (Assistant Vice-President for Facilities Management)
f) [] yes [] no Purchase of computer equipment exceeding \$50,000 per year. (Director of University Computing and Network Services.)
g) [] yes [] no Use of computer services over 100 hours annually. (Director of University Computer and Network Services)

9. PROGRAMMATIC COMMITMENTS:

- a) [] yes [] no New academic programs or administrative organizations to be established. (College Dean, Graduate Dean/Vice Provost for Research, and Provost)
b) [] yes [] no Consortium involved. (Vice Provost for Research)
c) [] yes [] no New Centers and Institutes. (Vice Provost for Research, Provost, and Board of Regents)
d) [] yes [] no Graduate instructional credit or fellowships. (Dean of Graduate School)
e) [] yes [] no International activities. (Assistant Provost for International Programs)
f) [] yes [] no Cooperative extension program. (Director of Cooperative Extension)
g) [] yes [] no Conferences, workshops, or off-campus courses (Dean of Continuing Education)

10. RESEARCH COMPLIANCE COMMITTEES:

- a) [] yes [] no Human Subjects. (Chair of Institutional Review Board) IRB#
b) [] yes [] no Radioactive Materials.(Chair of Radiation Safety Committee)
c) [] yes [] no Live vertebrates. (Chair of Institutional Care and Use Committee) IACUC#
d) [] yes [] no Biohazards including recombinant DNA and infectious agents. (Chair of Institutional Biosafety Committee) IBC#

SPECIAL APPROVAL SIGNATURES

Please indicate paragraph number of approval.

Signature Signature
Signature Signature

By signing, I agree to abide with university policies and regulations, including, but not limited to, those defining responsibilities, conditions of employment, outside financial interests, and all other research compliance matters. I also agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity. I certify that I have not been debarred, suspended, or declared ineligible to receive federal funds, that I have disclosed any potential conflict of interest in the KSU Annual Report of Non-University Interests and Commitments, and that, to the best of my knowledge, no appropriated funds have been expended that would influence award of this grant or contract. I also agree to disclose promptly each subject invention made under this sponsored program and to execute all papers necessary to file patent applications to the University or its designee.

Principal Investigator Principal Investigator

Principal Investigator Principal Investigator

I have reviewed this form and the appended document for all institutional commitments and approve the obligations therein. I also have reviewed the documents for any appearance of or potential for conflict of interest and hereby affirm that none exists or that any potential conflict is being managed.

Department Head Department Head

Director Director

Dean of College Dean of College