**SPONSORED PROJECTS TRANSMITTAL SHEET** (05/2017) PAGE 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **PI/co-PIs** (list PI first)\* **Department#**\*\* **E%**\*\*\* |  |  | **Sponsor Due Date:**        |
|  |                   %                  %                  %                  %                  %                  %                  %                  % |  |  | [ ]  Receipt [ ]  Postmark |
|  |  |  | **Shipping Responsibility:** |
|  |  |  |  [ ]  PI/Dept [ ]  PreAward Serv. |
|  |  |  | **Department Contact:** |
|  |  |  | Name:        |
|  |  |  | Phone:        |
|  |  |  | **TYPE OF SUBMISSION:** |
|  |  |  | [ ]  **Proposal** |
|  |  |  |  [ ]  Initial |
|  |  |  |  [ ]  Competitive Renewal (F) |
|  |  Total (must equal 100%) 0.00 % |  |  |  [ ]  Non-Competitive Cont (F) |
|  | \* Investigators with split appointments should use multiple lines to reflect percent split |  |  |  [ ]  Revised (P) |
|  | \*\* Designates department(s) responsible for accounting |  |  |  [ ]  Budget |
|  | \*\*\* Desired credit distribution for each investigator, to be applied to fiscal year award dollars, project  |  |  |  [ ]  Other |
|  |  expenditures, and incentive returns as applicable.  |  |  | [ ]  **Proposed Award (P)** |
| **2.** | **PROJECT TITLE** |  |  | [ ]  **Award** |
|  |       |  |  |  [ ]  First Time (P) |
|  |  |  |  [ ]  Renewal/Continuation (F) |
|  |  |  | [ ]  **Modification (F)** |
| **3.** | **SOURCE OF SUPPORT** (name and address) FEIN\*       |  |  |  [ ]  Period │ [ ]  Proposed |
|  |       |  |  |  [ ]  Budget │  |
|  |  |  |  [ ]  PI │ [ ]  Approved |
|  |  |  |  [ ]  Other │ |
| **4.** | **TERM AND AMOUNT REQUESTED/FUNDED** |  |  | **Enter P or F No.** |
|  | From       To       From       To        |  |  | (P) = Proposal (F) = FIS |
|  |  (Dates of initial, modified, or next budget period) (Dates of entire period) |  |  |       |
|  |  **Initial, mod/next Total** |  |  | **PI Administrative Oversight** |
|  | a) **Sponsor Support Requested** |  |  |  **(Mark One)** |
|  |  Direct $       $       |  |  |  [ ]  AES [ ]  Global Campus |
|  |  F & A( 0.00% for 1st/next year) $       $       |  |  |  [ ]  ERGP [ ]  Cooperative Ext. |
|  |  Sponsor Total $ 0.00 $ 0.00 |  |  |  [ ]  University |
|  | b) **KSU Share of Costs** |  |  | **ACTIVITY (Mark One)** |
|  |  Direct $       $       |  |  |  [ ]  Research |
|  |  F & A $       $       |  |  |  [ ]  Basic       % |
|  |  Cost Shared F & A $       $       |  |  |  [ ]  Applied       % |
|  |  KSU Total $ 0.00 $ 0.00 |  |  |  [ ]  Development       % |
|  | c) **Other Funding Support (external)** |  |  |  [ ]  Clinical Trial |
|  |  Direct $       $       |  |  | [ ]  Instruction/Training |
|  |  F & A $       $       |  |  | [ ]  Equipment |
|  |  Total Other $ 0.00 $ 0.00 |  |  | [ ]  Facilities/Construction |
|  | d) **Total Project Costs** |  |  | [ ]  Public Services |
|  |  Direct $ 0.00 $ 0.00 |  |  | [ ]  Other |
|  |  F & A $ 0.00 $ 0.00 |  |  | **SOURCE OF FUNDS** |
|  |  Total $  0.00 $  0.00 |  |  | [ ]  Area/Local Government |
| **5.** | **INTERNAL MATCHING FUND SOURCES** (Excludes state budgeted salaries and |  |  | [ ]  State Government |
|  | fringe benefits. Signature required for each matching source). Indicate source: S = State F = Federal |  |  | [ ]  Federal Government |
|  |        $      S      F       |  |  | [ ]  Private (for profit) |
|  | Signature Department |  |  | [ ]  Private (non-profit) |
|  |        $      S      F       |  |  | **For PAS & SPA Use Only** |
|  | Signature Department |  |  | Current F & A Rate % |
|  |        $      S      F       |  |  | Fed % |
|  | Signature Department |  |  | Initials PAS Reviewer  |
|  |        $      S      F       |  |  | Initials SPA Reviewer  |
|  | Signature Department |  |  | Proposal #  |
|  |        $      S      F       |  |  | Account #  |
|  | Signature Department |  |  |  |
| **6. Additional Notes:**       |

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If the answer is **yes** to any of the statements in 7-8 and 10 below, approval of the noted official is required. If you answered **no** to any of the questions in 9 below,further action may be required, depending upon project or award.

|  |  |
| --- | --- |
| **7.** | **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/Board of Regents) |
|  | c) | [ ]  yes | [ ]  no | Federal monies for capital improvements. (Vice President for Administration and Finance/Board of Regents) |
|  | d) | [ ]  yes | [ ]  no | Faculty overloads in instruction. (College Dean, Dean of Global Campus and Provost) |
|  | e) | [ ]  yes | [ ]  no | Construction or alterations of facilities (including electrical power modifications), or additional space requirements. (Associate Vice President Facilities & Univ. Architect) |
| **8.** | **PROGRAMMATIC COMMITMENTS:**  |
|  | a) | [ ]  yes | [ ]  no | New academic programs or administrative organizations to be established.(College Dean, Dean of Graduate School and Provost) |
|  | b) | [ ]  yes | [ ]  no | Consortium involved. (Vice President for Research) |
|  | c) | [ ]  yes | [ ]  no | New Centers and Institutes. (Vice President for Research, Provost/Board of Regents) |
|  | d) | [ ]  yes | [ ]  no | Graduate instructional credit or fellowships. (Dean of Graduate School) |
|  | e) | [ ]  yes | [ ]  no | International activities. (Associate 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 Global Campus) |
|  | h)  | [ ]  yes | [ ]  no | Activity involves BRI programming or requires the use of BioSecurity Research Institute facilities (Director, BRI) |
|  | i) | [ ]  yes | [ ]  no | Activity involves use of K-State Olathe facilities (CEO of K-State Olathe) |
| **9.** | **COMPLIANCE ISSUES:** |
|  | a) | [ ]  yes | [ ]  no | PI(s) is/are aware of, has/have read and will comply with the NIH Public Access Policy. See <http://publicaccess.nih.gov/policy.htm> |
|  | b) | [ ]  yes | [ ]  no | PI(s) has/have completed the required KSU Export Control Compliance Training. See <http://www.k-state.edu/comply/ecp> |
|  | c) | [ ]  yes | [ ]  no | PI(s) represent that the Financial Conflict of Interest and Time Commitment disclosures for all project personnel are up-to-date and that all Significant Financial Interests (as defined in K-State’s FCOI policy) relating to institutional responsibilities have been disclosed and the required FCOI training has been completed. See <http://www.k-state.edu/comply/fcoi> |
| **10.** | **RESEARCH COMPLIANCE COMMITTEES:** Protocol No. |
|  | 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 Animal Care and Use Committee) | IACUC# |       |
|  | d)e) | [ ]  yes[ ]  yes | [ ]  no[ ]  no | Biohazards including recombinant or synthetic nucleic acid molecules and infectious agents. (Chair of Institutional Biosafety Committee)Dual-Use Research/Dual-Use Research of Concern(Institutional Contact Dual-Use Research)  | IBC#DUR/DURC# |            |

**SPECIAL APPROVALS FOR ABOVE**

Please indicate paragraph number of approval.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|     |  |  |  |     |  |  |  |
|  |  | Signature |  |  |  | Signature |  |
|     |  |  |  |     |  |  |  |
|  |  | Signature |  |  |  | Signature |  |
|     |  |  |  |     |  |  |  |
|  |  | Signature |  |  |  | Signature |  |

**ADDITIONAL SIGNATURE PAGE FOLLOWS**

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|  |
| --- |
| **SIGNATURE PAGE**By signing, I agree (1) that the information submitted within the attached document is true, complete and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; (3) to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of an application; (4) 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 all Significant Financial Interests in the annual KSU Declaration of Conflict of Interest and Time Commitment, and that no un-managed conflict(s) exist that relate to my institutional responsibilities and the activities to be funded hereunder 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 do hereby grant and assign to KSU or its designee my entire right, title and interest in and to ideas, inventions and improvements created under this sponsored research program, together with any and all domestic and foreign patent rights in such ideas, inventions and improvements and to execute all papers necessary to file patent applications by the University or its designee. |
|  |  |  |  |  |  |
| Principal Investigator Date |  | Principal Investigator Date |  | Principal Investigator Date |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Principal Investigator Date |  | Principal Investigator Date |  | Principal Investigator Date |  |
|  |
| 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 Date  |  | Department Head Date |  | Department Head Date |  |
|  |  |  |  |
|  |  |  |  |
| Director Date |  | Director Date |  |
|  |  |  |  |
|  |  |  |  |
| Dean of College Date |  | Dean of College Date |  |