

PROPOSAL TRANSMITTAL FORM
FORM OSP-001
Page 1 of 2

OSP USE ONLY

Date Received
in OSP:

Version 33/4232 – Replaces All Previous Versions
Complete the Entire Form
Minimum of five (5) business days for review

(1) The Basics

(a) **Proposal S000** _____
(b) Related Proposal in Banner _____
(c) Sponsor Due Date: _____
(d) Unit Due Date: _____
(e) Program Guidelines Attached, RFP/PA # or URL: _____

(2) Project Information (a) Title: _____

(b) Funding Sponsor: _____ Phone Number: _____ Email: _____

Sponsor Address: _____

Sponsor Contact Information: _____

(c) Start Date: _____

(d) End Date: _____

(e) Sponsor Type:

- Federal State Local Govt.
 Private/For Profit Private/Non Profit
 University/Inst Other

(f) Activity Type:

- Instruction Applied Research Basic Research
 Public Service Academic Support Student Services
 Scholarship/Fellowship Inst. Support

(g) Project Type:

- New Competitive New Non-competitive
 Pre-proposal Revision Admin
 Renewal Competitive Renewal Non-Competitive

(h) Format:

- Electronic Paper

(i) Mechanism:

- Cooperative Agreement Contract Grant RSA Other

(j) Is UAA a Subaward Recipient? Yes No
Prime Sponsor: _____

(k) Does the Project Contain Subawards? Yes No
Subaward(s) To: _____
***Please attach commitment forms**

(l) Are there post-docs, graduate students or undergraduates working on the project? Yes No

(m) [Is tuition budgeted for Grad Students?](#) Yes No
[Is Graduate Student Health Insurance Budgeted?](#) Yes No

(n) Peer Review: Internal External Both

(o) Is project EPSCoR related? Yes No

(p) Is project Alaska specific? Yes No

(q) [Banner Research Theme Code\(s\)](#): _____

(r) Low Level Org: _____ D-Level Org. Code: _____

(s) [Cost Accounting Standards Exemption \(CAS\)](#) Yes No

(t) CFDA # _____

(u) Location Code: _____

(3) Personnel	Last Name	First Name	Phone	College/Inst	UAA ID#	FTE	E-Class	E-Mail Address
(a) PI								
(b) Co-I #1								
(c) Co-I #2								
(d) Co-I #3								
(e) Dept Contact								
(f) Fiscal Contact								
(f) Other Fiscal Contact								

(4) Budget Information Any matching/cost sharing (M/CS) **requires** completion of the [M/CS Form](#).

Proposal Notes:

(a) F&A Rate Percentage: _____ %
(b) Indirect Cost Rate Code: _____
(c) Distribution Code: _____
(d) Modified Total Direct Cost (MTDC): \$ _____
(e) Total Direct Cost (TDC): \$ _____
(f) F&A Recovery: \$ _____
(g) Total Sponsor Request: \$ _____
(h) M/CS UAA: \$ _____
(i) M/CS Third Party: \$ _____
(j) M/CS Total: \$ _____

(5) Disposition of Proposal

(a) Call for proposal pick-up & who to contact:

(b) IPRF email approvals send to: Name: _____ Email: _____
Name: _____ Email: _____ Name: _____ Email: _____

(c) Fed-ex final Proposal agency contact information: _____ Account to Charge: _____

Fed-ex Shipping Address: _____

****PLEASE MAKE SURE YOU HAVE PAGE TWO OF THE ROUTING FORM ATTACHED WITH YOUR PROPOSAL****

FRAPROP fields carry forward to populate FRAGRNT please make sure information is valid.

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Proposal S000 _____

(6) Ethics and Regulatory Compliance Check If the project involves any of the following		Compliance Notes:
(a) <input type="checkbox"/> Use of Vertebrates?	IACUC#	
(b) <input type="checkbox"/> Research on Human Subjects?	IRB#	
(c) <input type="checkbox"/> Use of Radiation, Lasers, or Significant Chemical Hazards?		
(d) <input type="checkbox"/> Use of Biohazards? (Infectious Agents, Recombinant DNA)		
(e) <input type="checkbox"/> Potential for Tech. Transfer, Patent, Copyright, Trademark, or Licensing?		
(f) <input type="checkbox"/> Material Transfer Agreements?	(g) <input type="checkbox"/> Potential for Program Income?	
(h) <input type="checkbox"/> Conflicts of Interest?	(i) <input type="checkbox"/> Research Restrictions?	
(j) <input type="checkbox"/> Import or Export of Data, Goods, or Services?		
(k) <input type="checkbox"/> Confidential or Classified Information?		
(l) <input type="checkbox"/> Vivarium Usage?		
(n) <input type="checkbox"/> Out of State work location or foreign location for UAA employees?		

(7) Project Space Requirements: A “Yes” answer on either of these items **requires** consultation with Facilities Planning & Construction for budgeting and approval as necessary.
 (a) Project requires new space/construction? Yes No (b) Project requires renovations of existing space? Yes No

(8) Investigator Certification (If additional signature space is needed, attach another form) *Read, Sign, and Date: By signing this form, (1) I agree to accept responsibility for the scientific and ethical conduct of this project; (2) I certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; (3) I agree to be bound by the terms and conditions of the sponsored award agreement which supports this activity; (4) I certify that this proposed project is my original work; (5) I understand and will abide by all UA policies and procedures; (6) I certify that all information provided on this form and on any attached documents related to this project is accurate and truthful to the best of my knowledge; and (7) that any false, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. See [PI exemption policy](#) to know if you should include the [PI Exemption form](#).*

PI: _____ Date: _____
 Co-I: _____ Date: _____
 Co-I: _____ Date: _____
 Co-I: _____ Date: _____
 Co-I: _____ Date: _____

(9) Unit Approvals *Read, Sign, and Date: By signing this form, I certify to the best of my knowledge that: (1) PI and Co-I workloads are within 100% of effort; (2) unit resources are available and allocated; (3) all space considerations in the project have been accounted for and; (4) the budget is in compliance with sponsor/agency, state, federal, and university policies and regulations.*

Lead Unit Dean/Director: _____ Date: _____
 Coll. Unit Dean/Director: _____ Date: _____
 Coll. Unit Dean/Director: _____ Date: _____
 Fiscal Review: _____ Date: _____
 Fiscal Review: _____ Date: _____
 Fiscal Review: _____ Date: _____

(10) UAA Final Approvals *Read, Sign, and Date: By signing this form I certify that this proposal has been reviewed according to the [UAA Uniform Proposal Review Policy](#) and to the best of my knowledge meets sponsor/agency, state, federal, and university policies, regulations and standards.*

OSP Research Administrator: _____ Date: _____
 OSP Director/VPR&GS or S.R.A.: _____ Date: _____
 (Senior Research Administrator)

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