

**SAINT PAUL'S COLLEGE**  
**Transmittal Form for Proposal Review and Approval**  
Completed form required for Proposal Processing  
Submit to the Office of Sponsored and Federal Programs

**PROJECT CATEGORY:**

\_\_\_\_\_ Research  
\_\_\_\_\_ Public/Community Service  
\_\_\_\_\_ Instruction

**Office Use Only** Control # \_\_\_\_\_  
\_\_\_\_\_ New Project  
\_\_\_\_\_ Revised Budget  
\_\_\_\_\_ Competing Renewal  
\_\_\_\_\_ Non-Competing Continuation

**ABSTRACT Information:** On a separate page, please provide a brief, non-technical abstract of this project. This information will be provided to members of the Executive Council so that they can be more informed of the specific name of research, instructional activities and service activities proposed and awarded to Saint Paul's faculty. It will also be shared with the Public Relations staff for possible use in both internal and external press releases and news articles.

This abstract should not exceed 30 lines of normal type and should convey the relationship of the proposed activities to other significant work in the discipline; the relationship of the project to the College's mission; and when appropriate, how this funding will complement or relieve institutional expenditures (i.e., student stipends, instructional equipment, etc.).

**BUDGET INFORMATION SUMMARY:**

Total Direct Costs Requested: \$ \_\_\_\_\_  
Total Indirect Costs: \$ \_\_\_\_\_  
Indirect Base: \$ \_\_\_\_\_ % of \$ \_\_\_\_\_  
Total Amount Requested from Funding Source: \$ \_\_\_\_\_  
Total Amount of College Contribution:  
Institutional \$ Committed: \$ \_\_\_\_\_  
In-kind Contribution: \$ \_\_\_\_\_  
  
Total Costs for Project: \$ \_\_\_\_\_

**MATCHING COMMITMENT:**

Does this proposal require or pledge matching funds or contributions? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If matching is included, either in the budget or the narrative, please state the source and amounts of this matching commitment below. No proposal will be submitted without appropriate signatures for matching

**PROPOSAL/CONTRACT SUMMARY INFORMATION:**

Title: \_\_\_\_\_  
Proposed Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Principal Investigator/Project Director: \_\_\_\_\_  
Co-Investigator: \_\_\_\_\_  
Department: \_\_\_\_\_ Telephone Extension: \_\_\_\_\_  
Funding Agency: \_\_\_\_\_ Federal CFD \$ \_\_\_\_\_  
Agency Deadline: \_\_\_\_\_ Receipt Deadline: \_\_\_\_\_ Postmark Deadline: \_\_\_\_\_

**PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR ASSURANCE:**

By signing this form, the Principal Investigator assures that he/she is neither presently debarred nor suspended, proposed debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency, that he/she is not delinquent in federal debt and has not engaged in lobbying activities on behalf of this or any other application. The Principal Investigator also certifies that the additional assurances contained on the back of this form accurately represent College commitment to the Proposed Project.

\_\_\_\_\_  
Signature Date

**OTHER INSTITUTIONAL ASSURANCES:**

**YES NO** Please complete these questions:

- \_\_\_\_ \_\_\_\_ 1) Has the College either expressed or implied commitment to retain personnel employed exclusively for this activity beyond the expiration date of this project?
- \_\_\_\_ \_\_\_\_ 2) Does the proposal involve research with: \_\_\_\_ human subjects? \_\_\_\_ animals?
- \_\_\_\_ \_\_\_\_ 3) Does the proposal involve research with: \_\_\_\_ potential biohazard? \_\_\_\_ radioactive chemicals/materials?
- \_\_\_\_ \_\_\_\_ 4) Does this project require additional: \_\_\_\_ personnel? \_\_\_\_ space? \_\_\_\_ office equipment?
- \_\_\_\_ \_\_\_\_ 5) Does this proposal provide for the purchase of equipment? If yes, who will pay for maintenance?
- \_\_\_\_ \_\_\_\_ 6) Does this project provide support for students?

**ADMINISTRATIVE APPROVAL:**

Signatures below indicate institutional approval of this project/program and constitute both a permission to the Principal Investigator to conduct the activities described in the attached proposal, and an obligation on the part of the College to provide the resources committed on this form should funding be awarded. Institutional approval is retained beyond the tenure of the individuals signing below. The College reserves the right to review awards before final acceptance of funding.

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President for Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President for Financial Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Sponsored and Federal Programs: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Please contact the Office of Sponsored and Federal Programs should you have any questions concerning this form. The Office of Sponsored and Federal Programs requires at least 10 working days for processing (i.e., review the proposal, make all necessary copies and package for mail pick-up). **Proposals which do not meet this deadline may be reviewed; however, the Principal Investigator may be responsible for the submission of the proposal.**