

PROPOSAL TRANSMITTAL FORM (modified by the CRC for its programs only)

See Instructions at <http://www.research.fsu.edu/contractsgrants/forms.html>

ACCESS #: _____

PROPOSAL IDENTIFIERS:		OMNI PROPOSAL ID, V1: %		OMNI PROPOSAL ID, F1: %	
1. SELECT ADMINISTERING BUSINESS UNIT:		FSU01 <input checked="" type="checkbox"/> FSU		FSRF1 <input type="checkbox"/> FSU Research Foundation	
2. SPONSOR DEADLINE (Required):		Date: 12/8/09 Time: 11:59 pm Time Zone: EST		<input type="checkbox"/> Postmark <input checked="" type="checkbox"/> Receipt	
3. SUBMISSION TYPE: <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Paper		Requested Submission Date (if different from deadline date):			
4. Response to Solicitation #: NA			Solicitation URL: www.research.fsu.edu/crc/cofrs.html		
5. If SRS or FSURF has questions about this proposal, whom should we contact? Fill in contact information below:					
NAME:		PHONE:		EMAIL:	
6. SPONSOR: FSU CRC – COFRS Program					OMNI Sponsor ID # 315
7. If Federal pass-through funding, enter name of Federal agency where funds originated: NA					
8. TITLE:					
9. INVESTIGATOR INFORMATION					
INVESTIGATOR REPORTING CREDIT: This data is collected for department use. Allocate credit using whole numbers. Each investigator must receive a minimum of 1% credit. Sum of all allocations must equal 100%. Allocation of credit for institutional reporting purposes and indirect cost distribution must be entered on Page 2, Section 12. Use					
ROLE	NAME	OMNI EEMPLID	DEPT NAME	CREDIT % (Minimum of 1%)	
PI				%	
Co-PI				%	
Co-PI				%	
Co-PI				%	
Co-PI				%	
10. APPROVALS					
Each signer below certifies that:					
<ul style="list-style-type: none"> • He/she has reviewed this proposal and approves of this activity; • Cost sharing funds, if required, will be made available when the project is funded; • Office, laboratory, or any other space including non-animal space or space for animals, if appropriate, particularly associated with this project is available; and • He/she has read and understood FSU's Investigator Financial Disclosure policy and FSU's Conflict of Interest policy and all required disclosures have been made. • If this proposal is requesting funding directly or indirectly from the National Institutes of Health (NIH), he/she has read and understood the NIH Public Access Policy and agrees to comply with its requirements. 					
SIGNATURE		DATE		SIGNATURE	
PI ⇨					
Co-PI ⇨				Co-PI ⇨	
Co-PI ⇨				Co-PI ⇨	
Chairs and Deans need only sign once, even if multiple investigators involved from a department or college.					
SIGNATURE		DATE		SIGNATURE	
CHAIR ⇨				DEAN ⇨	
CHAIR ⇨				DEAN ⇨	
CHAIR ⇨				DEAN ⇨	
CHAIR ⇨				DEAN ⇨	
CHAIR ⇨				DEAN ⇨	

DEPARTMENT INFORMATION

11. PROJECT ADMINISTRATION Identify the DeptID to use on Project budget chartfield if awarded.

Dept Name:	DEPTID#:
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12. DEPARTMENT REPORTING CREDIT AND INDIRECT COST DISTRIBUTION: This data is used for institutional reporting purposes and distribution of indirect costs (F&A). Allocate credit using whole numbers only. Sum of all allocations must equal 100%.

Dept Name:	Credit DeptID#:	Distribution: %
Dept Name:	Credit DeptID#:	Distribution: %
Dept Name:	Credit DeptID#:	Distribution: %
Dept Name:	Credit DeptID#:	Distribution: %
Dept Name:	Credit DeptID#:	Distribution: %

PROPOSAL INFORMATION

13. PROPOSAL TYPE: New Continuation Renewal Supplement Revision Transfer

14. PROJECT DATES:

Begin: **5/10/10**

End: **8/6/10**

15. PROJECT LOCATION

On-Campus Off-Campus Magnet Lab

If Off-Campus, enter performance site:

16. F&A INFORMATION

Rate: **0.00** % Base: **0.00**

F&A Waiver Code:

None Mandatory Voluntary

17. PROJECT PURPOSE: Research _____ Other Sponsored Activity _____ Instruction _____.

PROPOSED COSTS

18. Total Requested from Sponsor	\$ \$14,000 is MAX	Attach detailed budgets for all proposed costs.
19. Total FSU Cost Sharing	\$ NA	<input type="checkbox"/> Voluntary Attach Cost Sharing Commitment Form. <input type="checkbox"/> Required by Sponsor
20. Total Third-Party Match	\$ NA	Attach written commitment from contributor's authorized signer.

MISCELLANEOUS INFORMATION

21. Non-Faculty Support This data is collected for department use. Identify the total number of the following personnel supported by this grant (numbers should be based on Headcount, not FTE):

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Total # Undergraduate Students:					
Total # Graduate Students:					
Total # Postdoctoral Associates:					
Total # Non-Students/ Non-Ranked Faculty :					

22. KEYWORDS (Enter as many as desired but at least one is required.)

View Proposal Keywords at <http://www.research.fsu.edu/contractsgrants/documents/keywords.xls>. If desired keyword is not on list, you may enter suggested additions.

CERTIFICATIONS

Check any of the following special circumstances that apply to this project and include attachments when applicable:

23. Vertebrate Animals	Protocol #	Attach ASU Form <input type="checkbox"/>	Yes <input type="checkbox"/>
24. Human Subjects			Yes <input type="checkbox"/>
25. DNA/RNA Use			Yes <input type="checkbox"/>
26. Radioactive Materials			Yes <input type="checkbox"/>
27. Hazardous Chemicals			Yes <input type="checkbox"/>
28. Select Agents			Yes <input type="checkbox"/>

29. Nanomaterials	<input type="checkbox"/> Yes
30. Marine Lab (SRS will send a copy of proposal to the Director of the FSUCML.)	<input type="checkbox"/> Yes
31. Compressed Air Diving (ADP) (SRS will send a copy of proposal to the Chair of the Dive Control Board and the ADP Coordinator.)	<input type="checkbox"/> Yes
32. Dual Compensation	<input type="checkbox"/> Yes
33. Workshops/Conferences	<input type="checkbox"/> Yes
34. If 33 is Yes, will fees be collected?	<input type="checkbox"/> Yes
35. If 34 is Yes, is the dept collecting the fees a Certified Cash Handling Site?	<input type="checkbox"/> Yes
36. If 33 is Yes, will Continuing Education Units (CEU's) be issued?	<input type="checkbox"/> Yes
37. Subcontracts and/or consultants are needed to conduct this project.	<input type="checkbox"/> Yes
38. Income, other than payments from the sponsor, will be generated as a result of this project.	<input type="checkbox"/> Yes
39. This project is a continuation or renewal of a previous or current project. Enter Project ID:	<input type="checkbox"/> Yes
43. Additional resources such as animal or non-animal space, equipment, utility service, etc., are needed to conduct this project in addition to what is currently available to you or is budgeted for this in the proposal. If yes, complete the following: Resource Requested: _____ Estimated Cost of Resource: _____ Authorized signature of source of additional resources: _____	<input type="checkbox"/> Yes

CONFLICT OF INTEREST

43. Does any investigator (PI, Co-PI, or other key personnel) working on this project have a conflict of interest, whether financial or otherwise, direct or indirect, as defined in FSU's Faculty Handbook Section 4, Financial Disclosure Policy and Outside Activity/Conflict of Interest; and Florida Statutes Chapter 112, Code of Ethics for Public Officers and Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. If the answer to 41 is yes, has the interest been disclosed to the appropriate Dean or Vice President according to the regulations identified above?	<input type="checkbox"/> Yes <input type="checkbox"/> No

43. MATRICULATION and/or TUITION FEE WAIVERS: (CHECK ONLY ONE)

<input type="checkbox"/> WAIVER 1 (1) Charge the project all matriculation fees for qualifying graduate assistants and out-of-state tuition for Eng majors paid from project funds; (2) No qualifying grad students proposed; or (3) Grad student salaries not allowed.*	<input type="checkbox"/> WAIVER 2 The College/School Waiver Allocation will cover all tuition of students paid or supported by this proposed project.	<input type="checkbox"/> WAIVER 3 An alternate source will cover all tuition of students paid or supported by this project. The dept is responsible for processing departmental billings to pay tuition for all students paid from this project. If the dept does not process a departmental billing, the tuition will be charged automatically to the College/School Waiver Allocation.	<input type="checkbox"/> WAIVER 4 This Contract/Grant will pay <u>only</u> the matriculation fee for graduate assistants, even if engineering majors are paid from this project.
* WAIVER 1 (4) The CRC does not support matriculation and/or tuition fee waivers in its programs. Check WAIVER 1, unless your department/college/school is providing the matriculation/tuition fee waiver support; then select other appropriate Waivers.			

OMNI GRANTS SECURITY ROLES

44. **Post-Award Project Team.** The PI and Co-PI's are automatically added to the Team. If the Co-PI needs to approve expenditures, add his/her name here with the SP Manager role. Dept Reps have no expenditure authority. SP Managers have authority to approve all non-travel expenditures.

NAME	OMNI EMPLID #	ROLE
		<input type="checkbox"/> Dept Rep <input type="checkbox"/> SP Manager
		<input type="checkbox"/> Dept Rep <input type="checkbox"/> SP Manager
		<input type="checkbox"/> Dept Rep <input type="checkbox"/> SP Manager

45. **Post-Award Travel Approver.** One Project Manager is allowed to approve travel. The PI is the default travel approver. If an alternate travel approver is desired, enter information below.

NAME:	OMNI EMPLID:
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FOR SRS INTERNAL USE ONLY	CFDA #	NSF Report Code:
APPROVED FOR VPR: Initials/Date		DSR Form 1 (01/23/2009)