

Florida State University
Council on Research and Creativity Proposal Transmittal Form (updated 12/14)

1. Select administering business unit: <input checked="" type="checkbox"/> FSU01 (FSU Sponsored Research) <input type="checkbox"/> FSRF1 (FSU Research Foundation)					
DEADLINE INFORMATION					
2. Is there a sponsor deadline? <input checked="" type="checkbox"/> Yes If yes, Sponsor Deadline: Date: 10/06/14 Time: 11:59 p.m. Time Zone: EST <input checked="" type="checkbox"/> Electronic					
3. Response to Solicitation #: N/A			Solicitation URL: http://www.research.fsu.edu/crc/sgp.html		
4. Proposal Contact (if different from PI) Fill in contact information below:					
Contact Name:		PHONE #:		EMAIL:	
5. PRINCIPAL INVESTIGATOR INFORMATION See page 2 for additional investigators and approvals.					
PI NAME:		PHONE #:		EMAIL:	
PROPOSAL INFORMATION					
6. SPONSOR: FSU CRC (Fall) Small Grant					Sponsor ID 315
7. PROPOSAL TITLE (as submitted to sponsor):					
8. PROPOSAL TYPE: <input checked="" type="checkbox"/> New		9. F&A INFORMATION: Rate: 0.00 % Base: NA		10. PROJECT PURPOSE: <input checked="" type="checkbox"/> Research/Creative Activity	
11. PROJECT DATES: Start: 01/01/15 End: 06/30/15					
12. PROJECT LOCATION: <input type="checkbox"/> On-Campus <input type="checkbox"/> Magnet Lab <input type="checkbox"/> Off-Campus: performance site: _____					
PROPOSED COSTS					
13. Total Requested from Sponsor		Attach detailed budgets for all proposed costs.			
14 PROJECT DEPARTMENT: Identify the dept. responsible for financial management of the project if awarded. This DeptID will be used in the budget chartfield combination.				Dept Name:	
				DeptID:	
15. REPORTING CREDIT AND INDIRECT COST DISTRIBUTION BY DEPARTMENT: This data is used for institutional reporting purposes and distribution of effort. Sum of credit distribution must equal 100%. Therefore, allocate the distribution as parts of a whole (i.e. .5 = 50%, 1 = 100%). This is a required field even if it duplicates the department named in block 14.					
Dept Name:		Credit DeptID:		Distribution:	
Dept Name:		Credit DeptID:		Distribution:	
Dept Name:		Credit DeptID:		Distribution:	
Dept Name:		Credit DeptID:		Distribution:	
MISCELLANEOUS INFORMATION					
16. 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 :					
CERTIFICATIONS					
Do any of the following apply to this project? Please provide attachments when applicable:					
17. Vertebrate Animals		Protocol #		Attach ASU Form <input type="checkbox"/>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Human Subjects				<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. DNA/RNA Use				<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Radioactive Materials				<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Hazardous Chemicals				<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Select Agents				<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Nanomaterials				<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Marine Lab (SRS will send a copy of proposal to the Director of the FSUCML.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Compressed Air Diving (ADP) (SRS will send a copy of proposal to the Chair of the Dive Control Board & the ADP Coordinator.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Dual Compensation				<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Workshops/Conferences				<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. If 27 is Yes, will fees be collected?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. If 28 is Yes, is the dept collecting the fees a Certified Cash Handling Site?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. If 27 is Yes, will Continuing Education Units (CEU's) be issued?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

31. Are Subcontract(s) and/or consultant(s) proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, is more than 50% of the award being subcontracted out? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes and they are named, please provide budget, scope of work and letter of commitment from each, as applicable.	
32. Will income, other than payments from the sponsor, be generated as a result of this project? (aka, Program Income such as registration fees, sales of products, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is this project a continuation of a previous project? If yes, enter Project ID: _____ Awd % _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Will additional resources such as animal or non-animal space, equipment, utility service, etc., be 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: _____ Requested From: _____ Request Approved: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. MATRICULATION and/or TUITION FEE WAIVERS: (CHECK ONLY ONE) Waiver 1 is the default if no grad salary charged.

<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. * (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; if so, then select an appropriate Waiver choice.	<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 waiver allocation of the College/School associated with the student's major.
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36. **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.

CONFLICT OF INTEREST - Florida Statutes

37. 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: <ul style="list-style-type: none"> FSU's Faculty Handbook Section 4; FSU's Financial Disclosure Policy and Outside Activity/Conflict of Interest; and FL Statutes Chap 112, Code of Ethics for Public Officers and Employees? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to 37 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

Each signer below (blocks 38 and 39) certifies that:

- He/she has reviewed this proposal and approves of this activity;
- 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.

38. INVESTIGATOR APPROVALS

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%. This information is not intended for allocation of credit for institutional reporting purposes or indirect cost distribution (see Block 15). Use the Proposal Transmittal Form Continuation Page if needed.

	ROLE	INVESTIGATOR NAME	EMPLID	Appointed as Post Doc or Grad Student?	CREDIT Min 1%	INVESTIGATOR SIGNATURE	DATE
Line 1	PI (from pg 1)			<input type="checkbox"/> PD or <input type="checkbox"/> GS			
Line 2	Co-PI			<input type="checkbox"/> PD or <input type="checkbox"/> GS			
Line 3	Co-PI			<input type="checkbox"/> PD or <input type="checkbox"/> GS			
Line 4	Co-PI			<input type="checkbox"/> PD or <input type="checkbox"/> GS			

39. CHAIR and DEAN APPROVALS for above investigators:

Approvals for Lines in Block 38	CHAIR SIGNATURE	DATE	DEAN SIGNATURE	DATE
Line 1				
Line 2				
Line 3				
Line 4				

FOR SRS INTERNAL USE ONLY	APPROVED FOR VPR (Initials/Date): _____	NSF Code: _____	Type of Research: _____
		NSF _____	<input type="checkbox"/> Basic <input type="checkbox"/> Applied <input type="checkbox"/> Development

40. OMNI PROPOSAL RESOURCES & POST-AWARD PROJECT TEAM

The PI and Co-PI's listed on page 2, and other users listed below will be added to Proposal Resources for read-only access to the OMNI Proposal record.

If the proposal is awarded, the Project Team will be set up as follows:

Project Spending Authority for non-travel transactions:

- **PI** will automatically have expenditure authority for all non-travel financial transactions.
- **Co-PIs** will not have expenditure authority on the Project unless specifically authorized below.
- **SP Managers with ePRO** means the user will have expenditure authority for all non-travel financial transactions, including the ability to approve requisitions in OMNI.
- **SP Managers w/o ePRO** means the user will have expenditure authority for all non-travel financial transactions, except the ability to approve requisitions in OMNI.
- **Dept Rep** means the user will have no post-award expenditure authority. Users with this role on the Proposal will only have access to view proposal information.

Project Spending Authority for travel transactions:

- Only one user is allowed to approve travel for a project. The PI will be made the default travel approver unless an alternate is listed below. Note that the Project Travel Approver cannot approve his/her own travel transactions. The travel approver role is "Project Manger" which is different from a "Sponsored Project Manger (SP Manager)."

Co-PIs with Spending Authority:	EMPLID	EMPLID	EMPLID
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SP Managers with ePRO authority:				
	NAME	EMPLID	NAME	EMPLID

SP Managers w/o ePRO authority:				
	NAME	EMPLID	NAME	EMPLID

Project Manager (Travel Approver):		
	NAME	EMPLID

Dept Rep:				
	NAME	EMPLID	NAME	EMPLID

41. POST AWARD NOTIFICATIONS

Project Setup Notifications (Optional): Identify people to be notified (by SRAS) when project is set up or modified, in addition to the PI and Contact shown at top of page 1:

	Name	Email Address

Milestone Notifications (Optional): Identify people to be included on report due-date reminder emails (milestone notifications), in addition to the PI shown at top of first page:

	Name	Email Address