

Electronic Form - Updated 2/05
 Signatures are NOT electronic. Print form
 when complete and submit with original
 signatures.

**EMPORIA STATE UNIVERSITY
 Research and Grants Center
 Proposal Transmittal Form**

Office use only
 R&G #

Submit this form to the Research and Grants Center, Plumb Hall 313F, with the proposal at least 7 working days before the grant must be mailed.

Type of Proposal: (Complete all three sections)		Activity	
<input type="radio"/> Grant	<input type="radio"/> Contract	<input type="radio"/> Cooperative Agreement	<input type="radio"/> Other
<input type="radio"/> New	<input type="radio"/> Renewal/Continuation	<input type="radio"/> Revision/Resubmission	
		<input type="radio"/> Research	<input type="radio"/> Training
		<input type="radio"/> Public Service	<input type="radio"/> Other

Principal Investigator(s):

Department/School/College/Other:

Project Title:

Brief Abstract: *(May submit on a separate sheet of paper.)*

Funding Agency/Address:

Deadline: Receipt/Electronic Postmark

Deadline Date:

Project Period: XX/XX/XX From: To:

Amount and sources of funds:

If indirect costs are not requested, you must attach documentation that indirect costs are not allowed under the application guidelines. Any negotiation of indirect costs must be approved by the Dean of Graduate Studies.

	Direct costs requested	Indirect costs requested	Total funds requested	ESU matching	Other sources	Total project costs
1st budget period						
2nd budget period						
3rd budget period						
4th budget period						
5th budget period						
TOTAL						

* Attach complete budgets for all years listed.

All university resource commitments will be assumed by the department submitting the proposal, and the signature of the department head will be interpreted as guaranteeing these commitments from their existing resource base, unless indicated otherwise on the back side of this form.

APPROVALS

SIGNATURE

DATE

Principal Investigator(s) or Project Director		
Department Head		
School/College Dean or Grant Coordinator		
Dean, Graduate Studies and Research		
Budget Director		
President		

CONFLICT OF INTEREST ASSURANCE

As principal investigator, I certify that I, and all faculty and unclassified staff participating in this project, have submitted the required ESU conflict reporting and disclosure forms and are in compliance with the Emporia State University conflict of interest policy.

Signature		Date
------------------	--	-------------

UNIVERSITY COMMITMENT

Please indicate yes or no and mark appropriate items, providing details when necessary.

YES NO Does ESU have any expressed or implied responsibility after the sponsor terminates support for this grant or contract? If yes, explain.

YES NO Does the proposal involve: alterations to existing facilities significant library resources
If yes, explain: creation of an organizational unit significant computing services

YES NO Does the proposal require additional: personnel replacement instructors space
If yes, explain: equipment consultants subcontractors

YES NO Does the proposal require: tuition waiver campus privilege fee waiver
If yes, **must have prior approval from the Controller.**

YES NO Does the proposal involve: human subjects research animals
If yes, **attach the required clearance forms**

Describe any university commitments not explained above.

FUNDING SOURCE AND AMOUNT OF ESU MATCHING FUNDS REQUIRED: (Be specific)

In-Kind

Cash
