



# American University of Health Sciences Proposal Review Transmittal Form

Submit 5 Business Days Prior to Deadline

## I. PERSONNEL INFORMATION

Principal Investigator \_\_\_\_\_

Principal Investigator (PI) a new PI?  Yes  No

PI Title:  Professor  Associate Professor  Assistant Professor  Administrator  Other \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ FAX No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Co-PI \_\_\_\_\_ Telephone No. \_\_\_\_\_

School \_\_\_\_\_ Telephone No. \_\_\_\_\_

Project Staff Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_

## II. PROPOSAL SUBMISSION INFORMATION

Proposal Title \_\_\_\_\_

Primary Funding Agency \_\_\_\_\_ Sub Agency \_\_\_\_\_

Agency Program Title \_\_\_\_\_ CFDA # \_\_\_\_\_  Unsolicited  Solicited

Key Word (s) Describing Proposal Subject Matter: \_\_\_\_\_

Agency Proposal Type:  New  Continuation  Renewal  Amendment  Supplement  Other

Agency Type:  Federal  Federal Flow-Through  State  Private

Other (specify) \_\_\_\_\_

University Proposal type:  Research  Training  Other  Sponsored Project

Proposed Start Date \_\_\_\_\_ Proposed Ending Date \_\_\_\_\_

Location Of Project:  On Campus  Off Campus Local  Off campus/In-country  Off Campus/Int'l

## III. PROPOSAL BUDGETARY INFORMATION

Direct dollars requested.....\$ \_\_\_\_\_

Indirect dollars requested.....\$ \_\_\_\_\_ IDC Rate \_\_\_\_\_

Total amount requested from funding agency.....\$ \_\_\_\_\_

Cash Match?  Yes  No (if yes, indicate amount).....\$ \_\_\_\_\_ \*Attach budget justification

In-Kind Match?  Yes  No (In yes, indicate amount).....\$ \_\_\_\_\_ \*Attach written explanation

Will this project generate Program Income? \_\_\_\_\_ (If yes, indicate amount) \$ \_\_\_\_\_

Cash/In-Kind Match Approval (Dean Signature)

Release Time Approval (Dean Signature)

Account Number to charge match to: \_\_\_\_\_

If funded, will this project be subcontract **to** AUHS?  Yes  No

If funded, will this project generate subcontracts from AUHS to either entities?  Yes  No

Name of Subcontractor (s) \_\_\_\_\_ Amount of Subcontract (s) \_\_\_\_\_

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**IV. PROPOSAL INTERNAL REVIEW**

Last Review date

Does the proposal require Institutional Review Board Approval?  Yes  No \_\_\_\_\_

Does the proposal require review by the Institutional Biosafety Committee?  Yes  No \_\_\_\_\_

Does the proposal require review by the Animal Care Committee?  Yes  No \_\_\_\_\_

Has the Principal Investigator completed:

**The Financial Conflict of Interest training within the last year?**  Yes  No \_\_\_\_\_

If **“Yes”** please add date of submission.

If **“No”** please complete **training** and submit FCOI Disclosure Form to [Sponsor@auhs.edu](mailto:Sponsor@auhs.edu).

**The Responsible Conduct in Research training (Biomedical Research) within the last year?**  Yes  No \_\_\_\_\_

If **“Yes”** please add date of training.

If **“No”** please complete **training**.

Any restrictions on publications, foreign nationals, export outside the US?  Yes  No \_\_\_\_\_

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**SIGNATURES:** Your signature below indicates that you are authorized to review and approved this proposal, that you have provided review and approval, and that you are in agreement with all aspects of this proposal.

\_\_\_\_\_  
Principal Investigator

Date

\_\_\_\_\_  
Provost & Vice President of Academic Affairs

Date

\_\_\_\_\_  
Department Chair

Date

\_\_\_\_\_  
President

Date

\_\_\_\_\_  
Dean of School

Date