

**Xavier University
Office of Grant Services
Transmittal Form for Grant Proposals**

Please submit this routing sheet with the proposal, budget and any other certification forms/letters which require institutional signature to the Office of Grant Services at least 7 working days prior to the deadline.

1. Title of Project:				
2. Principal Investigator:		Department/Mail Location/Phone:		
3. Co-Principal Investigator:		Department/Mail Location/Phone: If additional PIs, attach sheets.		
4. Type of Project: Check one: <input type="checkbox"/> Grant <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Subaward/Subcontract <input type="checkbox"/> Other: _____		Check one: <input type="checkbox"/> New Project <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Revision		
6. Type of Project Activity <input type="checkbox"/> Research <input type="checkbox"/> Instruction <input type="checkbox"/> Equipment <input type="checkbox"/> Scholarships <input type="checkbox"/> Other _____				
7. Name of Funding Agency (Include program name):				
8. Name of Collaborating Institution if XU is not Prime Awardee:				
9. Type of Funding Source Government: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> International Private: <input type="checkbox"/> Corporation <input type="checkbox"/> Foundation <input type="checkbox"/> Other: _____				
10. Submission Deadline: _____ <input type="checkbox"/> Electronic <input type="checkbox"/> Mail		Project Start Date: _____		Project End Date: _____
BUDGET Attach detailed budget. For fields below, use XU total project costs for multiple year awards.				
11. Are indirect costs allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicable rate: _____		Contact the Office of Grant Services for current indirect cost rates.
12. Total Direct Costs Requested:		Indirect Costs Requested:		Total Requested:
13. Are Xavier matching funds requested in the proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete the table below and attach a detailed budget. How much is the XU match? _____				
Source	ORG/Fund- Name and #	Type of Expense	Amount-Cash	Amount-In-kind
Academic Affairs matching funds				
Budgeted department funds				
Budgeted college funds				
Tuition				
Indirect costs waived				
Other				
	TOTAL			
14. Are you requesting funds for release time for the PI or other faculty? ? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list details.				
15. Does the budget include funds for new or existing positions? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list details.				
16. Does this project require space, facilities or equipment not currently available to the Project Director(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.				
17. If this project is funded, are there continuing costs associated with equipment such as warranties and replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.				

18. If this project is funded, will Xavier University incur any on-going fiscal or programmatic responsibility after award termination? Yes No If YES, please explain.

19. Does this project require specialized computer software, hardware or IT support? Yes No

If YES, please describe:

Compliance Information

20. Are human subjects to be used in any capacity (including surveys or interviews)? Yes No If Yes, please complete the following: Has IRB approval been obtained? Yes In Progress No Why not?

21. Conflict of Interest: I have read, understand, and completed a Financial Conflict of Interest Disclosure form (federal or non-federal). The policies/forms can be found at www.xavier.edu/grant_services/policies.cfm. If I have a significant financial interest to disclose related to the proposed project or relationship with this sponsor, I will provide that information on the FCOI Disclosure form. Please check. Initials _____

22. PI Certification: By signing this routing form, I: 1)acknowledge and accept responsibility for the technical content and quality of the proposed project; 2)assure that the project and other professional activities and the University mission are compatible; 3)assure that the information contained on this form is true, accurate and complete to the best of my knowledge; 4)acknowledge and accept responsibility for compliance with award terms and conditions and University policies and procedures, particularly for the technical conduct of work, submission of technical reports, regulatory compliance, and financial management if an award is made; 5)assure that arrangements have been made to fund any cost sharing or other special resources needed to conduct this work; 6)understand that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; 7)certify that I have not been debarred or suspended from doing government-sponsored work.

Principal Investigator Name _____

Signature:

Date: _____

Approval Signatures

Investigator or Project Director should complete all sections, sign form, obtain the chair's signature and then, deliver the Transmittal Form to the Office of Grant Services -Cheryl McElroy or Shari Howell located at CLC Room 315.

Department Chair or Director Name _____

certifies that the proposal fits the department's overall program and academic objectives. The department personnel time commitments are realistic and approved, as are any identified departmental funds.

Signature:

Date: _____

The below signatures will be handled by the Office of Grant Services:

Dean or Assistant/Associate Provost certifies that the proposal is: 1) within the area's academic and/or programmatic objectives and endorses and supports the proposed activities; 2) required matching funds from existing area's resources will be provided; 3) facility/space/renovation needs as described in the application will be provided; and 4) the area will take responsibility for any on-going fiscal or programmatic responsibility as specified in the proposal.

Signature:

Date: _____

Assistant VP for Provost Budgeting and Planning certifies that the proposal budget meets University guidelines and ORG/fund numbers have been identified for any matching commitments.

Signature:

Date: _____

Associate VP for Academic Affairs and Dean of Grad. School certifies that the proposal addresses the overall mission and vision of the proposing area(s) and the Academic Affairs Division and that any resources, including matching funds, personnel, and in-kind contributions have been identified.

Signature:

Date: _____

Provost and Chief Academic Officer certifies that the proposal is appropriate to the overall mission of the proposing area(s), the Academic Affairs Division, and the University. It also certifies that Academic Affairs is committed to providing any matching resources identified on the form.

Signature:

Date: _____

Other Required Approval _____

Signature:

Date: _____

Other Required Approval _____

Signature:

Date: _____