

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 business days prior to the deadline.

1. Title of Project:				
2. Principal Investigator/Project Director:		Department/Email address:		
3. Co-Principal Investigator/Project Dir.:		Department/Email address:		
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"/> Outreach <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, see budget for estimated salary lapse available to the department for replacement costs.				
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 and understand the [Conflict of Interest Disclosure Policy \(federal or non-federal\)](#).

Yes No I have a significant financial interest to disclose related to the proposed project or relationship with the sponsor. If yes, I have completed the FCOI Disclosure form.

22. PI Certification: By signing this routing form, I: 1) acknowledge the information submitted within the application is true, complete and accurate to the best of the PI's knowledge; 2) acknowledge that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; 3) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application; 4) assure that the project and other professional activities and the University mission are compatible; 5) acknowledge and accept responsibility for compliance with award terms and conditions and University policies and procedures, regulatory compliance, and financial management if an award is made; 6) assure that all cost sharing and/or special resources needed to conduct this work have been identified; 7) certify that I have not been debarred or suspended from doing government-sponsored work.

Principal Investigator

Signature:

Date:

Approval Signatures

Department Chair or Director 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 committed departmental space needs, funds, or in-kind commitments.

Signature:

Date:

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 college matching funds and/or in-kind commitments 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:

Associate Vice President- Provost Area certifies that the proposal budget meets University guidelines and ORG/fund numbers have been identified for any matching commitments.

Signature:

Date:

Associate Provost for Academic Excellence 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 Provost area(s) and the University. It also certifies that the Provost area is committed to providing any matching resources identified on the form.

Signature:

Date:

Other Required Approval

Signature:

Date:

Other Required Approval

Signature:

Date: