



Grant & Contract Transmittal Form

This transmittal form must be completed for any proposal submitted to a source that may provide external funding, including contracts and subcontracts. Do not use this form for gifts/donations.

Project Director/Principal Investigator:
Department:

Email:

Campus Phone:

Co-Principal Investigator:
Department:

Email:

Campus Phone:

Co-Principal Investigator:
Department:

Email:

Campus Phone:

Project Title:

Start Date:

End Date:

Type of Project

Check one:

- Federal Grant or Contract
- Non-federal Grant or Contract
- UW System Grant
- UW Extension Grant

Check one:

- New
- Renewal/continuation
- Supplement
- Project or Budget Revision

Funding Agency:

Grant Program Web Address:

Grant Deadline:

Total Direct Costs:

Total Indirect Costs:

Total Project Costs:

Matching/Cost Sharing Required: Yes No

If yes, indicate source:

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Department: \$ | Committed: <input type="checkbox"/> | Requested: <input type="checkbox"/> |
| <input type="checkbox"/> College/Dean: \$ | Committed: <input type="checkbox"/> | Requested: <input type="checkbox"/> |
| <input type="checkbox"/> Provost/Chancellor: \$ | Committed: <input type="checkbox"/> | Requested: <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify): \$ | Committed: <input type="checkbox"/> | Requested: <input type="checkbox"/> |

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REQUIRED CLEARANCES

<p>Does the project require the creation of a new position(s) at UW-P or the hiring of non-UW-P personnel? <i>(If YES to a new position, contact Human Resources Office prior to submission to discuss appropriate salary levels and classifications. If YES to hiring non-UW-P personnel, contact Business Services prior to submission regarding appropriate policies and procedures.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the project require release time or a course reduction(s) for the Project Director/PI or any faculty/instructional staff? <i>If YES, approval must be received by the faculty/instructional staff members' Department Chair and Dean prior to submission.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will any faculty member working on the project receive overload pay? <i>If YES, please make sure you're are within allowable limits.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will any faculty member working on the project receive payment for more than two months of summer work? <i>(If YES, approval must be received by the Chancellor, through the Vice-Provost's office.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do any of the project personnel have a potential financial conflict of interest? <i>(If YES, please complete the Financial Disclosure Statement for Externally-Funded Research and include it with this transmittal form.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will this project create a new degree program or services? <i>(If YES, approval must be received by the Provost prior to submission.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does this project require computer services, computer labs, and/or computer rental or purchase? <i>(If YES, contact Campus Technology Services prior to submission.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the project involve toxic or carcinogenic/mutagenic chemicals proven to be hazardous to humans, other animals, or to plants? <i>(If YES, contact the Director of Safety and Risk Management prior to submission.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the project involve either infectious organisms or genetic material from infectious organisms that is a hazard to humans, other animals, or to plants? <i>(If YES, contact the Director of Safety and Risk Management prior to submission.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the project involve recombinant DNA? <i>(If YES, contact the Director of Safety and Risk Management prior to submission.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the project involve the use of human subjects, or human tissue? <i>(If YES to human subjects, approval of the project by the Institutional Review Board is necessary before any work can begin on the project. If YES to human tissue, contact the Director of Safety and Risk Management prior to submission.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the project involve the use of vertebrate animals? <i>(If YES, contact the Chair of the Animal Care and Use Committee before any work begins on the project.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the project require new/additional space, remodeling, or construction? <i>(If YES, contact the Vice Chancellor for Administrative & Fiscal Affairs prior to submission.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the conduct of the project have potential environmental impacts which require review under the Wisconsin Environmental Policy Act? <i>(If YES, contact the Vice Chancellor for Administrative & Fiscal Affairs prior to submission.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Were the proposal and budget developed in consultation with the Office of Research Administration staff?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No



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REQUIRED SIGNATURES

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

I certify that the project detailed in the attached proposal complies with all UW-Parkside, UW System, state, and federal regulations and policies and reflects the University, college, and department goals and strategic plan. If awarded, I agree to conduct the proposed project in compliance with the conditions of the grant and with all policies, procedures, and protocols mandated by UW-Parkside, UW System, and the state of Wisconsin.

Printed Name

Signature

Date

DEPARTMENT CHAIR

I certify that I have reviewed the proposal and found it to be complete and accurate, including required clearances, budget, and commitments involving space, faculty/staff time, and matching/cost-sharing funds.

Printed Name

Signature

Date

COLLEGE DEAN

I certify that I have reviewed the proposal and found it to be complete and accurate, including required clearances, budget, and commitments involving space, faculty/staff time, and matching/cost-sharing funds.

Printed Name

Signature

Date

DIRECTOR OF RESEARCH ADMINISTRATION

I certify that I have reviewed the proposal and found it to be complete and accurate, including required clearances, budget, and commitments involving space, faculty/staff time, and matching/cost-sharing funds.

Printed Name

Signature

Date

PROVOST/VICE CHANCELLOR OR DESIGNEE

By signing this transmittal form, I certify that this proposal is consistent with UW-Parkside, UW System, state, federal regulations and policies; reflects the University, college, and departmental goals and strategic plan; and is approved for submission to the funding agency.

Printed Name

Signature

Date

CONTROLLER/ ASST CONTROLLER

I certify that I have reviewed the attached proposal for maximum capture of indirect costs.

Printed Name

Signature

Date