

Grant & Contract Transmittal Form

Principal Investigator: Complete this form and secure approvals from your Department Chair and College Dean. Submit to the Vice Provost of Academic Affairs with **a copy of your proposal (narrative, budget, and other required documents)** for review and remaining approvals at least 5 business days before your grant deadline. If you have any questions about this form please call Theresa Castor, castor@uwp.edu.

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 dollar amount and source of funds:

- | | | |
|---|-------------------------------------|-------------------------------------|
| <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"/> |



Grant & Contract Transmittal Form

REQUIRED CLEARANCES

<p>Does the project require hiring of 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?</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, prior approval must be received by the Associate Provost prior to submission.)</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?</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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the project involve recombinant DNA?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the project involve the use of human tissue? <i>(If YES to any, 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 Human Subjects Committee is necessary before any work can begin on the project.)</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?</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 to either, 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? <i>(If NO, contact the Office of Research Administration prior to submission.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No



Grant & Contract Transmittal Form

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 / DIRECTOR

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

OFFICE OF RESEARCH & SPONSORED PROGRAMS

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
