

American University of Beirut
Office of Grants and Contracts (OGC)
 Proposal Transmittal & Approval Form
 (For all External Grant Proposals Except LNCSR)

OGC USE ONLY

Proposal Number _____

Date Submitted _____

1. Principal Investigator _____

Faculty : _____ Department: _____

Title / position : _____

Phone: _____ ext. : _____

E-mail: _____ PI % Effort: _____

Co-Principal Investigator 1 _____

Faculty : _____ Department : _____ % Effort: _____

Approval of Dean (if different Faculty than PI's): _____

Co-Principal Investigator 2 _____

Faculty : _____ Department : _____ % Effort: _____

Approval of Dean (if different Faculty than PI's): _____

4. Project Title:

Deadline for Submission : _____

Proposed Start Date: _____

Proposed End Date: _____

5. Proposal

New Project Transfer Extension

Other, Specify _____

2a. Total Funds Requested: _____

Direct Costs: _____

Indirect Costs : _____

2b. Total AUB Cost Share* (If Applicable): _____

Cost Sharing Distribution* Other than Academic Contribution Effort:

\$ _____ from Campus/ Central Administration

\$ _____ from Faculty(ies) (Please specify)

\$ _____ From Department(s) (Please specify)

\$ _____ from other campus sources

*PI must have authorization from the Department Chair(s) and/or Dean in the form of an e-mail or letter that conveys the following: your home department; the project title and sponsor; the amount to be cost shared or matched; the University account to which the cost shared expense will be charged. OGC must have this authorization prior to signing the proposal.

6. Project Type:

Research Training Clinical Trial

Conference/ Workshop Service/Technical

Subcontract Other (Specify): _____

7. Does this proposal contain any information which is:

a- Patentable, Confidential, Copyrightable, Proprietary?

Yes No

If yes, please indicate where this information is located in the proposal.

b- Will this project involve intellectual property in which the University may own or have an interest?

Yes No

3. Funding Agency/ Sponsor Name:

Mailing Address:

Contact Name & Title: _____

Phone/fax : _____

Email : _____

Proposal Mailing Instructions:

OGC to Mail Original & ___ copies as supplied

(by regular mail or Aramex; allow 3-4 days for Delivery) Department to Mail , Person to call for pick up: _____ Phone ext.: _____

8. Is additional Space needed?

Yes No

9. Is Equipment and/or Facilities included in this proposal?

Yes No

10. Is construction or renovation included in this proposal?

Yes No

For construction and renovation an approval letter from the Dean and/or Provost is needed

Regulatory and Other Approvals

a. Will the Proposed Research Include Human Subjects?
 Yes No
If yes, please attach the IRB approval or the request for approval

b. Will the Proposed Research Include Animal Subjects?
 Yes No
If yes, please attach the IACUC approval or the request for approval

c. Will the Proposed Research Include the Use of Radioactive Materials?
 Yes No
If yes, please attach the University Radioactive Committee approval or the request for approval

d. Will the Proposed Research Include the Use of potentially infectious agents? including human blood or tissues (carcinogens, or mutagens or others)
 Yes No
If yes, please attach the University Biosafety Committee approval or the request for approval

Remarks or Special Instructions:

SIGNATURES

PRINCIPAL INVESTIGATOR(S) AND CO-PRINCIPAL INVESTIGATOR(S) RESPONSIBILITY (IES): It is understood that if an award results from this application, the principal investigator(s) and co-principal investigators will perform the scientific, technical, and administrative duties normally associated with the project including the provision of required technical reports. The principal investigator(s) and co-principal investigators assure that he/she/they make this submission with the understanding that any resulting award will contain no provision restricting the University's right to publish research results, and that if any question of such restriction arises in subsequent negotiation he/she/they will assist in arranging the further review that will be required. It is also understood that if an award is granted, the principal investigator(s) and co-principal investigator(s) will administer it in accordance with the policies of the funding agency and the University. The principal investigator is the ultimate person responsible for the administration of the grant if awarded and will be responsible to the University and the funding agency for implementing the aims of the project, submitting narrative reports on time and following university and funding agency policies for expenditures of the funds received. The principal investigator will assume liability (financial or otherwise) for any deviation of any of the approved policies of the University and/or the funding agency with respect to implementation, reporting or expenditures.

Principal Investigator Signature & Date Co-Principal Investigator 1 Co-Principal Investigator 2

Department Chairperson/Director of Center: The attached application is approved. It is within the total program and research and/or academic objectives of the Department/Center. Adequate space is available or planned for conduct of the project. The professional time allocations described therein are realistic. If matching funds/cost sharing is required as a condition of an award resulting from this proposal, I will be responsible for assuring that the necessary resources are made available. The information contained on the Proposal Transmittal Form is accurate and correct to the best of my knowledge.

Chair/Director, Signature & Date

Faculty Research Committee (FRC) Chairperson (As Applicable): The proposal has been reviewed and approved by the Faculty/Division Research committee.

FRC Chair, Signature & Date

Dean of Faculty/School (or Designee): The proposed project is approved. It is consistent with the total program objectives of this faculty/school and the commitments for this project, including required percent effort of the PI, matching funds/cost sharing, additional space or renovation needed, or equipment are acceptable.

Dean/Designee, Signature & Date

Office of Grants & Contracts: The budget and administrative information contained on this Transmittal Form and the attached proposal is complete and accurate to the best of the OGC's knowledge. If an award is made as a result of this proposal, the OGC will administer it in accordance with the policies of the sponsor and the University.

Director of OGC, Signature & Date

Office of the Provost:

Provost, Signature & Date