

**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:** \_\_\_\_\_

**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.

**5. Proposal**

New Project     Transfer     Extension

Other, Specify \_\_\_\_\_

**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

