

American University of Beirut Office of Grants and Contracts (OGC) Proposal Transmittal & Approval Form For all External Grant Proposals Except CNRS	OGC USE ONLY Proposal Number: Date Submitted:
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1. INVESTIGATOR(S) INFORMATION

Principal Investigator (PI)

Name:	Phone #:	Email:	% Effort:
Faculty:		Department:	

Co-Principal Investigators (Co-PIs)

Name	Faculty	% Effort	Approval of the Dean (If different faculty than the PI)
1.			
2.			
3.			

2. PROPOSAL INFORMATION

Sponsor/Funding Agency:

Is the expected award a flow through? Yes No
 If Yes, please specify the original source of funding:
 If Yes, please specify the Lead (Prime) Applicant institution/organization and Lead PI:

Proposal Title:

Proposal: New Continuation Renewal Supplement Other (Specify):

Proposal Keywords:

Areas Affected by the Proposed Project (please include the different regions in Lebanon and other countries if applicable):

Project Type:
 R&D Training Clinical Trial Subcontract/Subaward Civic Engagement Other (Specify):

Project Dates: Start: End:

3. PROPOSED COSTS

Total Requested from sponsor	\$
Indirect Costs	\$
Management fees	\$
Total Cost Sharing, if any	\$ <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary

Submission Deadline Information

Is there a sponsor deadline? Yes No
 If yes, Sponsor deadline date: Time: Submission Method: Email Hard copy Online

4. REPORTING CREDIT AND INDIRECT COST DISTRIBUTION BY PI AND CO-PIs

The data is used for Faculties reporting purposes and distribution of IC

Investigator	% Recovered IC as Per Effort and Estimated Expenditures
PI	
Co-PI 1	
Co-PI 2	
Co-PI 3	

5. NEEDED RESOURCES

Will additional resources such as space/renovation/facilities be needed for the implementation of the project?
 Yes No

Does this proposal contain any information which is: Patentable, Confidential, Copyrightable, or Proprietary?
 Yes No
 If yes, please indicate where this information is located in the proposal:

6. CERTIFICATIONS

Will Radioactive Materials be used in the implementation of the project? If yes, please attach the University Radioactive Committee approval or the request for approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any potentially infectious agents including human blood or tissues be used in the implementation of the project? If yes, please attach the University Biosafety Committee approval or the request for approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the project require IACUC Approval? If yes, please attach the IACUC approval or the request for approval	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the project require IRB Approval? If yes, please attach the IRB approval or the request for approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. OTHER AFFILIATIONS	
Has the PI or any of the Co-PIs received or are currently receiving funding on the same project (internal or external)? Please specify source(s):	
Is the PI or any of the Co-PIs currently affiliated with another institution/organization/government (foreign or local)? Please specify:	
8. CONFLICT OF INTEREST	
Does the PI or any of the Co-PIs have any Conflict of Interest (financial or otherwise) with (please specify): 1- Each other, 2- Collaborators listed, 3- Sub-awardees, 4- Contractors/ consultants, 5- Funder(s),	
9. SIGNATURES	
Each Signer below certifies that: <ul style="list-style-type: none"> • He/she has reviewed the proposal and approves of the activities • Cost sharing funds, if required, will be made available when the project is funded 	
PI and Co-PIs RESPONSIBILITY (IES): It is understood that if an award results from this application, PI and Co-PIs will perform the scientific, technical, and administrative duties normally associated with the project including the provision of required technical reports. The PI and Co-PIs 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 PI and Co-PIs will administer it in accordance with the policies of the funding agency and the University. The PI 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 PI 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. <hr style="width: 10%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> PI Signature and Date Co-PI 1 Co-PI 2 Co-PI 3 </div>	
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. <hr style="width: 10%; margin-left: 0;"/> _____ Chair/Director Signature and 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. <hr style="width: 10%; margin-left: 0;"/> _____ Dean/Designee Signature and Date	
Office of Grants & Contracts: The budget and administrative information contained on this Form and the proposal is complete and accurate to the best of the OGC's knowledge. If an award is made, OGC will administer it in accordance with the policies of the sponsor and the University. <hr style="width: 10%; margin-left: 0;"/> _____ Director of OGC, Signature & Date	
Office of the Provost:	

Provost, Signature and Date