

Internal ID #

OFFICE OF RESEARCH - INTERNAL TRANSMITTAL FORM

Principal Investigator: \_\_\_\_\_ Phone Ext. \_\_\_\_\_

School/Department: \_\_\_\_\_ Proposal Deadline: \_\_\_\_\_

Project Title: \_\_\_\_\_

Sponsoring Agency/Organization: \_\_\_\_\_

Project Period: From \_\_\_\_\_ To \_\_\_\_\_ Total \$ Request: \_\_\_\_\_

Percent Effort of PI: \_\_\_\_\_% Co-PI Name: \_\_\_\_\_ Percent Effort: \_\_\_\_\_%

Co-PI Name: \_\_\_\_\_ Percent Effort: \_\_\_\_\_%

**Does this project involve any of the following?**

A "yes" answer to any of these questions may require further action by you prior to submission.

	YES	NO
1. Matching Funds		
2. Cost Sharing		
3. Are you requesting course buyout?		
4. Human Subjects		
5. Laboratory animals		
6. Recombinant DNA		
7. Radio Active Materials		
8. USDA/CDC Select Agents		
9. Is there a Conflict of Interest as described in TAP #45? (If yes, complete disclosure form TAP #45)		

Will the project continue after the funding period? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what will be the estimated cost to Duquesne University? \$ \_\_\_\_\_

**Certification of Principal Investigator(s):**

(1) I ( We ) certify that the information submitted within this application is true, complete and accurate to the best of my ( our ) knowledge.

(2) I am ( We are ) aware that any false, fictitious, or fraudulent statements or claims may subject the PI(s) to criminal, civil, or administrative penalties.

(3) I ( We ) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

**Signature of Principal Investigator:** \_\_\_\_\_  
Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed and Approved:** \_\_\_\_\_  
Department Chairperson/Director \_\_\_\_\_ Date \_\_\_\_\_

**THESE THREE  
SIGNATURES  
TO BE  
OBTAINED BY PI**

\_\_\_\_\_  
Dean/Associate Dean \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Grants Officer, Office of Research \_\_\_\_\_ Date \_\_\_\_\_