|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ORSP RECEIPT DATE | | ***The University of Mississippi*** | | | | | | | | | | | | ORSP PROPOSAL # | | | |
| ***Transmittal Sheet for Sponsored Projects*** | | | | | | | | | | | |
| ***Submit to the Office of Research and Sponsored Programs at least 5 working days prior to mail date.*** | | | | | | | | | | | | | | | | | |
| Proposal Data | | | | | | | | | | | | | | | | | |
| **Project Title:** | | | | | | | | | | | | | | | | | |
| **Proposed Project Period:** | | | | | | | | | | | | | | | | | |
| **Sponsor Agency/Program:** | | | | | | | | | | | | | | | | | |
| **Sponsor Deadline:** | | Postmark Date: | | | | | | | | Electr Subm Date/Time: | | | | | | | |
| Receipt Date: | | | | | | | | Requested Pick-Up Date: | | | | | | | |
| **Proposal Type:** | | | | | | | | **Proposal Area:** | | | | | | | | | |
| Preliminary | | | Continuation – Year | | | | | Research | | | | Scholarships & Fellowships | | | | | |
| New | | | Supplement to Existing Grant: | | | | | Education & Training | | | | Other: | | | | | |
| Revised | | | Account # | | | | | Public Service | | | |  | | | | | |
| Resubmission:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Regrant | | | | |  | | | |
| Competitive Renewal | | |  | | | | |  | | | |  | | | | | |
| **Brief Project Description:** | | | | | | | | | | | | | | | | | |
| Principal Investigator/Project Director Information  If necessary, attach extra page to list additional names; include all information below on all UM key personnel. | | | | | | | | | | | | | | | | | |
|  | **Name** | | | | **Department** | | | | **UM Employee  ID Number** | | **E-Mail** | | | | | | **Phone** |
| **PI/PD** |  | | | |  | | | |  | |  | | | | | |  |
| **Co-PI/PD** |  | | | |  | | | |  | |  | | | | | |  |
| **Co-PI/PD** |  | | | |  | | | |  | |  | | | | | |  |
| **Co-PI/PD** |  | | | |  | | | |  | |  | | | | | |  |
| Verification of Compliance and Agreement  Check YES if applicable and obtain initials when approval is received. | | | | | | | | | | | | | | | | | |
| **Committee**  **Approvals** | | | | **Check One** | | | **Approval**  **Initials** | | **Other Unit**  **Approvals** | | | | **Check One** | | | **Director**  **Initials** | |
| No | | Yes | No | | Yes |
| Animal Subjects (IACUC Coordinator) | | | |  | |  |  | | UM Field Station (Director) | | | |  | |  |  | |
| Human Subjects (IRB Coordinator) | | | |  | |  |  | | Computer Center (Director) | | | |  | |  |  | |
| Health & Safety/Chem/Radiation (DHS) | | | |  | |  |  | | Physical Plant (Director) | | | |  | |  |  | |
| Biohazards (IBC) | | | |  | |  |  | | Outr & Cont Edu (Director) | | | |  | |  |  | |
| Dive Safety (DSB Chair) | | | |  | |  |  | | Univ Relations (Director) | | | |  | |  |  | |
| Involves Human Embryonic Stem cells | | | |  | |  | n/a | | Croft Institute (Director) | | | |  | |  |  | |
| INVESTIGATOR ASSURANCES | | | | | | | | | | | | | | | | | |
| Please note that a REQUIRED third page has been added to the UM Transmittal Sheet for Sponsored Projects. The third page, *UM Investigator Assurances*, must be completed by all persons who have design, conduct, or reporting responsibilities for this project. *This may include students.* Print as many copies of the third page as needed for all personnel affected. Before completing the assurances, all affected personnel should review the University of Mississippi Objectivity in Research Policy, available at [www.research.olemiss.edu/orsp/policies/objectivity](http://www.research.olemiss.edu/orsp/policies/objectivity) . | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Budget Summary | | | | | | | | | | | | | | | | | |
| **Funds Requested from Sponsor** | | **Year 1** | | | | **Year 2** | | | **Year 3** | | | **Year 4** | | **Year 5** | | **Totals** | |
| Direct Costs | | **0** | | | | **0** | | | **0** | | | **0** | | **0** | | **0** | |
| F&A (indirect) Costs | | **0** | | | | **0** | | | **0** | | | **0** | | **0** | | **0** | |
| **Total Request** | | **0** | | | | **0** | | | **0** | | | **0** | | **0** | | **0** | |
| **Cost-Sharing** | |  | | | |  | | |  | | |  | |  | |  | |
| Total Cost Sharing | | **0** | | | | **0** | | | **0** | | | **0** | | **0** | | **0** | |
| **Project Total** | | **0** | | | | **0** | | | **0** | | | **0** | | **0** | | **0** | |
| Cost-Sharing  If cost-sharing is included in this proposal, the UM Transmittal Cost-sharing Summary Form MUST BE ATTACHED | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Post-Docs and Graduate Students | | | | | | | | | | | | | | | | | |
|  | Proposed number of postdoctoral associates to be employed on this project per year. | | | | | | | | | | | | | | | | |
|  | Proposed number of graduate students to be employed on this project per academic year semester. | | | | | | | | | | | | | | | | |
|  | Graduate student tuition requested from sponsor (required if allowed by sponsor). | | | | | | | | | | | | | | | | |
|  | Sponsor does not allow for payment of tuition (attach sponsor guidelines or other documentation). | | | | | | | | | | | | | | | | |
|  | Any variation of the above two choices requires approval from the Vice Chancellor for Research and Sponsored Programs: | | | | | | | | | | | | | | | | |
| *[ORSP OFFICE USE ONLY] VC/ORSP approval received:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Facilities and Administrative Costs  Waivers require approval of the Vice Chancellor for Research and Sponsored Programs. | | | | | | | | | | | | | | | | | |
| **Research** | | | | **Instruction** | | | | **Other Sponsored Activities** | | | | | **Other Than Negotiated Rate** | | | | |
| On-campus **46.0%** | | | | On-campus **50.0%** | | | | Other On-campus **30.0%** | | | | | Other than negotiated rate: % **explanation required--use line below** | | | | |
| Off-campus **26.0%** | | | | Off-campus **26.0%** | | | | Other Off-campus **23.0%** | | | | | On-campus  Off-campus | | | | |
|  | | | | | | | | | | | | | | | | | |
| F&A Distribution  Explain if F&A will be distributed among multiple units or will vary from established distribution; approval initials REQUIRED. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Initial for acceptance:** | | | **Chair(s):** | | | | | | | | **Dean(s)/Director(s):** | | | | | | |
| Authorizing Signatures  Signature below indicates approval of this proposal and acknowledgement of details provided on this form.  Investigators agree to conduct all activities in accordance with University’s and sponsor’s policies and procedures. | | | | | | | | | | | | | | | | | |
| **PI/Co-PI Signatures** | | | | | | | **Date** | | | **Department Chair Signatures** | | | | | | | **Date** |
|  | | | | | | |  | | |  | | | | | | |  |
|  | | | | | | |  | | |  | | | | | | |  |
|  | | | | | | |  | | |  | | | | | | |  |
|  | | | | | | |  | | |  | | | | | | |  |
| **Dean or Director Signatures** | | | | | | | **Date** | | | **Dean or Director Signatures** | | | | | | | **Date** |
|  | | | | | | |  | | |  | | | | | | |  |
|  | | | | | | |  | | |  | | | | | | |  |
| **ORSP Accountant Signature** | | | | | | | **Date** | | | **Vice Chancellor/ORSP Signature** | | | | | | | **Date** |
|  | | | | | | |  | | |  | | | | | | |  |
| Items below for Office of Research and Sponsored Programs use ONLY ~ | | | | | | | | | | | | | | | CFDA# | | |
| **Research & Development Type** | | | | |  | | | | | | | | | | Competitive | | |
| Basic  Applied  Development  N/A | | | | |  | | | | | | | | | | CI  Non- competitive | | |
| **Final Action: 🞎 Funded 🞎 Not Funded \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | | | | | | | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_** | | | | | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_** | | | |

Full final copy of proposal as submitted to sponsor MUST be provided to ORSP for official records.

**INVESTIGATOR ASSURANCES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Investigator’s Name:** | | | | **Department:** | |
| **Proposal Title:** | | | | | |
| **WHO MUST COMPLETE THIS PAGE?** All persons who have design, conduct, or reporting responsibilities for the project. (May include Graduate Students.) | | | | | |
| DEBARMENT AND SUSPENSION | | | | | |
| **Certification Regarding Debarment, Suspension, and Other Responsibility Matters**  **­­­­­­­**  By submitting this proposal, I certify that I:   1. Am  am not  presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency; 2. Have  have not , within a three‑year period preceding this offer, been convicted of or had a civil judgment rendered against me for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and 3. Am  am not  presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in 48 CFR part 9.4, Debarment, Suspension, and Other Responsibility Matters. | | | | | |
| FINANCIAL CONFLICT OF INTERST | | | | | |
| **Please review UM Objectivity in Research Policy:** [www.research.olemiss.edu/cms/orsp/policies/objectivity](http://www.research.olemiss.edu/cms/orsp/policies/objectivity) prior to reviewing: | | | | | |
| **YES** | **NO** | **Do you or your immediate family** (your spouse, child, parent, or sibling OR the spouse of your child, parent or sibling) **have any significant financial interests\* that would reasonably appear to be affected by the proposed research or educational activity?** | | | |
| **YES** | **NO** | **Do you or your immediate family** (your spouse, child, parent, or sibling OR the spouse of your child, parent or sibling) **have significant financial interests\* in any entity whose financial interests  would reasonably appear to be affected by the proposed research or educational activity?** | | | |
| **\*Significant Financial Interests**  “Significant financial interests” means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights, and royalties from such rights).  The term does **not** include:   1. Salary, royalties, or other remuneration from the University as an employee; 2. Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities; 3. Income from service on advisory committees or review panels for public or nonprofit entities; 4. Ownership of any interest of less than ten percent (10%) [5% ownership for NIH grants] in a business where the aggregate annual net income to the University employee is less than One Thousand Dollars ($1,000.00); 5. Extramural salaries, royalties or other payments aggregated for the University employee, spouse, and dependent children are not expected to exceed $10,000 in the next 12 months [NIH grants]; 6. Ownership of any interest of less than two percent (2%) in a business where the aggregate annual net income to the University employee is less than Five Thousand Dollars ($5,000.00).   **Activities that fall within items 1 through 5 above do not require disclosure.** | | | | | |
| **If you answered “yes” to either question above, the following must occur prior to award expenditure:**   1. You must complete a Significant Financial Interest Disclosure form. 2. The form will be reviewed by a conflict of interest committee which will work with you to manage the conflict. 3. A conflict management process must be agreed to in a written memorandum of understanding. | | | | | |
| **I certify that:**   * The above information is true to the best of my knowledge. ORSP will be notified of any change of status. * I will submit an updated Significant Financial Interest Disclosure to the Office of Research and Sponsored Programs within 30 days of any significant changes in my financial interests (as defined above) during the award period. | | | | | |
|  | | |  | |  |
| **Signature** | | | **Printed Name** | | **Date** |

Print as many copies of this page as needed for all personnel affected by this policy.