



# GRAMBLING STATE UNIVERSITY

## Transmittal Form for Sponsored Program Proposal Approval

**Fill out this form completely.**

Date Submitted to Grants Administration \_\_\_\_\_ Sponsor's Deadline \_\_\_\_\_

Address where proposal is to be mailed \_\_\_\_\_

Number of copies to be mailed \_\_\_\_\_ Program number (CFDA#) \_\_\_\_\_

Grant Title \_\_\_\_\_

Grant Director \_\_\_\_\_ Period of Contract \_\_\_\_\_ to \_\_\_\_\_

Funding Agency \_\_\_\_\_

Type of Project \_\_\_\_\_ if other, specify \_\_\_\_\_

Amount Requested \_\_\_\_\_ First Year \_\_\_\_\_

Project Description

### UNIVERSITY IMPLICATIONS AND OBLIGATIONS

**Be especially careful to respond fully to the following items. It is imperative that all University obligations and responsibilities both during the grant period and afterward be clearly defined and explained.**

1. Will the university from its state-allocated funds be obligated: (check all that apply)

To provide space in addition to that which is now allocated to the academic unit?    Yes    No

To purchase or acquire any equipment?    Yes    No

To provide building alteration, or install equipment?    Yes    No

To hire new faculty or staff or to change the conditions of employment of present employees?    Yes    No

To continue the program after the sponsor terminates support?    Yes    No

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN FURTHER DETAIL:**

2. Do you propose to pay extra compensation to any University employees?    Yes    No

3. Does the program involve cost sharing or matching funds? Yes No If yes, explain the requirement.

Source of Item(s)	Amount

4. Do you propose to utilize any services from the Computer Center (main frame, system, or programming help, acquisition of any hardware or software)? Yes No If yes, secure the Information Resource Center Director's approval.

\_\_\_\_\_  
Signature Date

5. Does this proposal involve research by human or animal subjects? Yes No If yes, secure the approval of the Chairman of the Institutional Review Board (IRB).

\_\_\_\_\_  
Signature Date

6. Are any curricular changes or additions anticipated? Yes No If yes, please explain.

Will Computer Equipment be Purchased? Yes No  
Will a Copy Machine be Purchased? Yes No

**\*\*\*\*\* SIGNATURES ARE REQUIRED FOR THE FOLLOWING \*\*\*\*\***

**PROPOSAL WRITER**

I certify that the proposal submitted is an original application that is free of plagiarism. It is understood that upon funding of this proposal, it will be administered by Grambling State University's employees. All programmatic records, supporting documents, statistical records, and other records that are required by the terms of the grant will be retained at Grambling State University. It is further understood, that if applicable, personnel costs listed in the proposed budget, will be adjusted according to institutional rate and policy.

\_\_\_\_\_  
Proposal Writer Date

**ACADEMIC UNIT APPROVAL**

We certify that staff, time of individuals involved, space, equipment, facilities, alterations, in-kind cost sharing funds, etc., required by this project are available or are a part of the direct cost requested in the proposal. We affirm that the proposed project is consistent with the educational and professional objectives of the Proposal Writer's academic unit.

_____ Department Head	_____ Date
_____ Dean	_____ Date
_____ Associate VP/Sponsored Programs	_____ Date
_____ Provost and Vice President for Academic Affairs	_____ Date

**ADMINISTRATIVE UNIT APPROVAL**

_____ Grants Administrator	_____ Date
_____ Budget Officer	_____ Date
_____ Vice President for Finance	_____ Date

**EXECUTIVE APPROVAL**

_____ President	_____ Date
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**Print this form and send to:**

**Grants Administration  
Grambling State University  
Post Office Drawer 843  
Long-Jones Hall, room 233  
Grambling, LA 71245**

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