



INTERNAL PROPOSAL TRANSMITTAL FORM

IMPORTANT: This form must be submitted to the Office of Sponsored Programs and Research no less than ten (10) business days prior to the sponsor's submission deadline. The University does not guarantee compliance with sponsor's deadline if this requirement is not met.

Project Title:		Sponsoring Agency:
Deadline Date: Month/day/year Click here to enter a date.	CFDA No:	Funding Opportunity No:

Type: <input type="checkbox"/> New Application <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal of Grant # _____ <input type="checkbox"/> Revision of Grant # _____ <input type="checkbox"/> Progress Report for Grant# _____ <input type="checkbox"/> Contract or Subcontract with _____ <input type="checkbox"/> Supplement to _____ <input type="checkbox"/> Other _____		Activity: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Research <input type="checkbox"/> Clinical Research <input type="checkbox"/> Fellowship/Scholars <input type="checkbox"/> Instruction/Training <input type="checkbox"/> Service <input type="checkbox"/> Construction </div> <div> <input type="checkbox"/> Student Support <input type="checkbox"/> Conference <input type="checkbox"/> Consulting <input type="checkbox"/> Equipment <input type="checkbox"/> Other </div> </div>	
Name of Principal Investigator/Program Director:		Degree:	
Position:	Tel:	e-mail:	
Project Brief Description:			

Proposed Budget Total Project Period From [Click here to enter a date.](#) To [Click here to enter a date.](#)

	Year 1	Year 2	Year 3	Year 4	Year 5
Direct Cost Requested (\$)					
Financial and Administrative Cost (\$)					
Total (\$)					
F&A Rate (%)					

Are University funds required? <input type="checkbox"/> No <input type="checkbox"/> Yes-Indicate Amount \$ _____	Source:
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Project Involves:		Project Requires:	
a. Human Subjects IRB	<input type="checkbox"/> No <input type="checkbox"/> Yes	a. Renovation, construction, rental or additional university space	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Animal Subjects IACUC	<input type="checkbox"/> No <input type="checkbox"/> Yes	b. Conducted Off-Campus	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. Hazardous Material IBS	<input type="checkbox"/> No <input type="checkbox"/> Yes	c. Purchase or maintenance of furniture /equipment/software with funds not included in the proposal	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. Radioactive Material RSC	<input type="checkbox"/> No <input type="checkbox"/> Yes	d. Additional personnel required and not included in the proposal	<input type="checkbox"/> No <input type="checkbox"/> Yes
e. Program Income	<input type="checkbox"/> No <input type="checkbox"/> Yes	e. Faculty release time: <input type="checkbox"/> No <input type="checkbox"/> Yes _____%	
f. Time and Effort Reports	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Does the principal investigator or Project Director perform functions for other (s) project (s) in or outside the institution?

☐ No

☐ Yes-Indicate the project title and time devoted to it.

CERTIFICATION PER PI/PD

- a) I am not presently debarred or suspended from receiving federal funds.
- b) No federal funds were used for lobbying activities in connection with this proposal
- c) I am not delinquent on any federal debt.
- d) The budget above represents the best estimate of full cost of the project and identified all sources of funds to cover full costs.
- e) The budget above represents the best estimate of full cost of the project and identifies all sources of funds to cover full cost.
- f) In the conduct of the proposed project, I will adhere to University policies including conflict of interest, ethical standards in the conduct of research, intellectual properties and the use of humans and animals in research.
- g) The information submitted within the application is true, complete, and accurate to the best of my knowledge.
- h) Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
- i) I agree to accept responsibility for the scientific conduct of the project and to provide the required reports if a grant is awarded as a result of the application.
- j) In compliance with institutional policy, "Conflict of Interest and Disclosure of Financial Interest in Research and Other Sponsored Programs" (Cert. No. 63, 2007-2008, UPR Board of Trustees):
- k) I hereby acknowledge this proposal or any sections within the proposal is not plagiarized.

☐ I certify that I read the Institutional Policy of Interest in Research and other projects. I have no relationship or financial interest which is or may be perceived to conflict with my duties and responsibilities in the University of Puerto Rico at Humacao

☐ I certify that I read the Institutional Policy on Conflict of Interest in Research and other projects and filed my potential conflict of interest. (Complete the "Declaration of Potential Conflict of Interest in Research and Other Projects".)

☐ I certify that this project has been discussed with the Chair of Department, and I have not committed to the Institution cost not be covered by it, except for contributions that have been discussed with the Chair of Department and the Dean of Academic Affairs. I agree to comply with the regulations applicable to the disbursement of funds and filing of required reports.

☐ I have authorship rights of the following proposal sections:

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CERTIFICATION FOR DEPARTMENT CHAIR, DEAN, AND CHANCELLOR

We certify that we have reviewed the proposal, including the full cost budget and sources of internal funds, and that it is consistent with the educational and research mission of UPR.

Administrator	Printed name	Signature	Date
PI/PD			
Department Chair:			
Dean:			
Office Sponsored Programs and Research:			
Chancellor:			