

American University of Beirut Office of Research (OoR) Proposal Transmittal & Approval Form For all External Grant Proposals Except CNRS		OoR USE ONLY Proposal #: Date Submitted:	
1. INVESTIGATOR(S) INFORMATION			
Principal Investigator (PI)			
Name:		Phone #:	Email:
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Other (Specify):			
Proposal Keywords:			
Areas Affected by the Proposed Project (please include the different regions in Lebanon and other countries if applicable):			
Field of Research:			
<input type="checkbox"/> Health and medical <input type="checkbox"/> Food science <input type="checkbox"/> Sustainability <input type="checkbox"/> Technology <input type="checkbox"/> Environment <input type="checkbox"/> Gender <input type="checkbox"/> Displacement <input type="checkbox"/> Agricultural <input type="checkbox"/> Business <input type="checkbox"/> Communication & Social Media <input type="checkbox"/> Politics & International Affairs <input type="checkbox"/> Arts <input type="checkbox"/> Sciences <input type="checkbox"/> Engineering & Architecture <input type="checkbox"/> Other (Specify):			
Is this proposal being submitted to another funding agency, or has it been funded by another funding source? If yes, please specify the name of the other funder and the award number, if applicable.			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Project Type:			
<input type="checkbox"/> R&D <input type="checkbox"/> Training <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Subcontract/Subaward <input type="checkbox"/> Civic Engagement <input type="checkbox"/> Other (Specify):			
Project Dates:		Start:	End:
3. PROPOSED COSTS			
Total Requested from sponsor	\$		
Indirect Costs	\$		
Management fees, if any	\$		
Total Cost Sharing, if any	\$	<input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary	Cost share source:
Submission Deadline Information			
Is there a sponsor deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Sponsor deadline date	Time:	Submission Method: <input type="checkbox"/> Email <input type="checkbox"/> Hard copy <input type="checkbox"/> Online	
4. 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:

5. CERTIFICATIONS

Will Radioactive Materials be used in the implementation of the project?

Yes No

If yes, please attach the University Radioactive Committee approval or the request for approval.

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.

Yes No

If yes, please attach the University Biosafety Committee approval or the request for approval.

Will the project require IACUC Approval?

Yes No

If yes, please attach the IACUC approval or the request for approval

Will the project require IRB Approval?

Yes No

If yes, please attach the IRB approval or the request for approval.

6. 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:

7. 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),

8. SIGNATURES

Each Signer below certifies that:

- 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.

PI Signature and Date

Co-PI 1

Co-PI 2

Co-PI 3

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.

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.

Dean/Designee Signature and Date

Office of Research: The budget and administrative information contained on this Form and the proposal is complete and accurate to the best of the OR's knowledge. If an award is made, OR will administer it in accordance with the policies of the sponsor and the University.

Vice Provost for Research, Signature & Date

Office of the Provost:

Provost, Signature and Date