

Mailing Deadline \_\_\_\_\_  
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Original plus one for ORSP \_\_\_\_\_

VILLANOVA UNIVERSITY  
OFFICE OF RESEARCH AND SPONSORED PROJECTS  
PROPOSAL REVIEW AND TRANSMITTAL FORM

(THIS FORM MUST BE TYPED)  
PLEASE ALLOW 7 (SEVEN) DAYS FOR PROCESSING

ORSP USE ONLY

VU PROPOSAL # \_\_\_\_\_

DATE MAILED \_\_\_\_\_

Principal Investigator(s): \_\_\_\_\_  
Phone: Office: \_\_\_\_\_ Home: \_\_\_\_\_  
College: \_\_\_\_\_ Department/Center: \_\_\_\_\_  
Proposal Title: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Sponsor Address: \_\_\_\_\_

Type of Project: ☐ Research ☐ Student Support ☐ Training ☐ Service ☐ Facilities/Equipment  
Type of Award: ☐ Grant ☐ Agreement ☐ Contract  
Classification: ☐ New ☐ Renewal ☐ Continuation  
Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Project Requirements: (Check appropriate box if the proposed project requires any of the following and have appropriate official initial) Release Time ☐ \_\_\_\_\_  
Additional Space/Renovation ☐ \_\_\_\_\_ Conferences/Public Presentations ☐ \_\_\_\_\_ Additional Personnel ☐ \_\_\_\_\_ Human Subjects Review ☐ \_\_\_\_\_  
Biohazards Review ☐ \_\_\_\_\_ Animal Welfare Review ☐ \_\_\_\_\_ Student Support/Housing ☐ \_\_\_\_\_ Add'l Computing Resources ☐ \_\_\_\_\_

AN ABSTRACT MUST ACCOMPANY THIS FORM IN NON-TECHNICAL LANGUAGE NOT TO EXCEED 200 WORDS DESCRIBING THE PROJECT.

BUDGET SUMMARY

	FIRST YEAR			TOTAL PROJECT		
	Sponsor	VU Cost Share In Kind	Cash	Sponsor	VU Cost Share In Kind	Cash
Personnel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fringe Benefits	_____	_____	_____	_____	_____	_____
Supplies/Expendables	_____	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____	_____
Travel	_____	_____	_____	_____	_____	_____
Other Cost	_____	_____	_____	_____	_____	_____
Total Direct Cost	_____	_____	_____	_____	_____	_____
Indirect Cost ( _____ % of Personnel)	_____	_____	_____	_____	_____	_____
Total Project Cost	_____	_____	_____	_____	_____	_____

V U CASH cost sharing in the amount of \$ \_\_\_\_\_ will come from account number \_\_\_\_\_ as per \_\_\_\_\_ (VP, Dean, Chair, Other). Tuition Waiver approved by \_\_\_\_\_.

I ACKNOWLEDGE I HAVE READ THE CONFLICT OF INTEREST POLICY. PLEASE INITIAL \_\_\_\_\_. I DO ☐ I DO NOT ☐ HAVE A CONFLICT OF INTEREST RELATED TO FUNDS I AM SEEKING WITH THIS PROPOSAL.

UNIVERSITY ENDORSEMENTS: The attached proposal has been examined by the officials whose signatures appear below. The principal academic review of the proposal is the responsibility of the Department Chair and College Dean. These signatures indicate that the signers are familiar with the proposal, and except as noted and initialed in the remarks section, are satisfied with and responsible for all commitments in the proposal as they relate to their respective areas (e.g. space, personnel, financial, etc.) Each person who controls the respective University resources committed to this project must affirm that commitment in the remarks section and initial same.

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURES MUST BE OBTAINED IN SEQUENCE

(1) _____ Principal Investigator Date	(3) _____ Dean Date
(2) _____ Department Chair Date	(4) _____ Assistant Vice President, ORSP Date

The research or program proposed is in keeping with Villanova University educational objectives, and is within the established role and scope of this tradition.