

PROPOSAL TRANSMITTAL FORM – (PTF) - ORIGINATOR

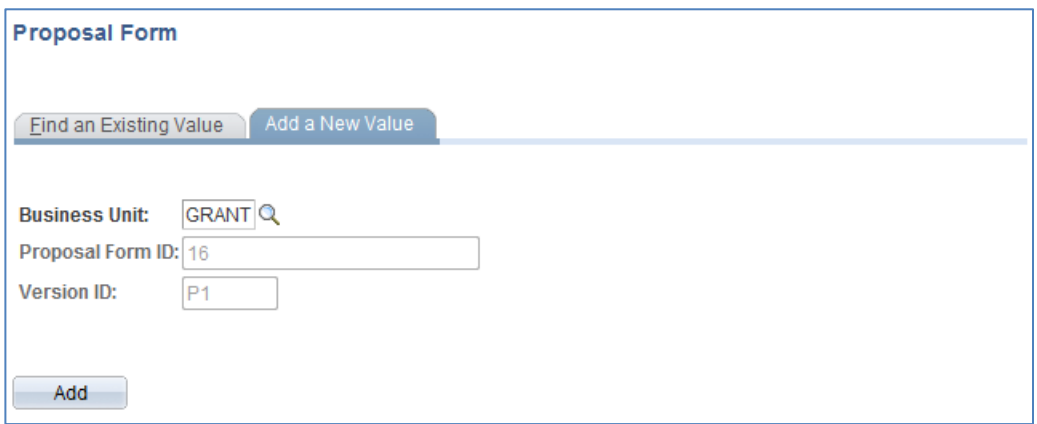


PURPOSE

The purpose of this document is to enter a Proposal Transmittal Form (Originator Role).

STEPS

1. Navigation: **Grants > Proposal Form > Add a New Value**



2. Click 

Proposal Form Step 1/7

Proposal Form and PI Details

* Fields are Required, Please enter all required fields before submitting the proposal, you can save proposal without required fields.

Business Unit: GRANT Version: P1
 Proposal Form ID: 16 Proposal Status: Initial Draft

Proposal Details

*Proposal Title: *Type:

*Purpose: Basic Research Sponsor Award #:

*Proposal Start Date: Solicitation #:

*Proposal End Date: Current Award #:

*Sponsor: National Science Foundation-LOC *Due Date:

Prime Sponsor: Allow Multiple PI's:

OSP Proposal ID:

Created By: Lori St Peter

Proposal Projects End | View All | First | 1 of 1 | Last

Sequence #:

*Institution: Boston College

*Department: Chemistry

*Subdivision:

PI & Co-PI's Information

PI/Co-PI	*PI Employee ID	Name	Contact PI	Primary PI	Phone	Email	Institution	Department ID	Subdivision	Location
PI	82994927	Comvalius-Goddard, Sharon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	617/552-8259	comvaliu@email.bc.edu		053321		13601504

CFDA

3. Enter/Select the following items:
 - a. Enter Proposal Title
 - b. Select Purpose
 - c. Enter Proposal Start Date
 - d. Enter Proposal End Date
 - e. Enter Sponsor
 - f. Enter Prime Sponsor (If Applicable)
 - g. Select Type
 - h. Enter Sponsor Award # (If Applicable)
 - i. Enter Solicitation # (If Applicable)
 - j. Current Award # (If Applicable)
 - k. Enter Due Date
 - l. Check **Allow Multiple PI's:** (If Applicable)
 - m. Select Institution
 - n. Select Department
 - o. Select Subdivision (Subdivision must always match Department)
 - p. Select PI/Co-PI
 - q. Select PI Employee ID
 - r. Repeat steps 18 and 19 for additional PI's and Co-PI's
 - s. Select CFDA (If Applicable)
 - t. Select Primary (If Multiple CFDA's)

u. Click 

v. Click 

Proposal Form Step 4/7

1 2 3 4 5 6 7 < Previous Next >

Enter Budget Details

Please enter all required fields before moving to next page.

Business Unit: GRANT Proposal Form ID: 16


Proposal Projects Find | View All First 1 of 1 Last


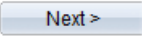
Sequence #:

Proposal Project Budget Details Find | View All First 1 of 1 Last

Budget ID: STANDARD

Budget Period - Year 1	Budget Period - All Years	Applied Rates - Percentage
Total Direct Costs: <input type="text" value="\$143,770"/>	Total Direct Costs: <input type="text" value="\$143,770"/>	FT Exempt <input type="text" value="27.70"/>
F&A (Indirect) Costs: <input type="text" value="\$81,230"/>	F&A (Indirect) Costs: <input type="text" value="\$81,230"/>	FT Non-Ex <input type="text" value="44.50"/>
Total Request: <input type="text" value="\$225,000"/>	Total Request: <input type="text" value="\$225,000"/>	PT All <input type="text" value="7.65"/>
Total Cost Sharing: <input type="text"/>	Total Cost Sharing: <input type="text"/>	F&A Base <input type="text" value="MTDC"/>
Total Proposal Value: <input type="text" value="\$225,000"/>	Total Proposal Value: <input type="text" value="\$225,000"/>	F&A Rate <input type="text" value="56.5"/>



4. Enter/Select the following items:
 - a. Enter Total Direct Costs – Budget Period - Year 1
 - b. Enter F&A (Indirect) Costs – Budget Period - Year 1 (If Applicable)
 - c. Enter Cost Sharing - Budget Period - Year 1 (If Applicable)
 - d. Enter Total Direct Costs – Budget Period - All Years
 - e. Enter F&A (Indirect) Costs – Budget Period - All Years (If Applicable)
 - f. Enter Cost Sharing - Budget Period - All Years (If Applicable)
 - g. Enter FT Exempt Rate
 - h. Enter FT Non-Ex Rate
 - i. Enter PT All Rate
 - j. Select F&A Base
 - k. Enter F&A Rate
- l. Click 
- m. Click 

Proposal Form Step 5/7

1 2 3 4 5 6 7 < Previous Next >

Certification

Please check all applicable and enter all required fields before moving to next page.

Business Unit: GRANT Proposal Form ID: 16

Proposal Projects Find | View All First 1 of 1 Last

Sequence #:

Administrative and Regulatory Concerns Find | View All First 1 of 1 Last

<input checked="" type="checkbox"/> Human Subjects	<input checked="" type="checkbox"/> Animals	<input checked="" type="checkbox"/> Information Technology
<input checked="" type="checkbox"/> Hazardous Materials	<input checked="" type="checkbox"/> Radioactive Materials	<input checked="" type="checkbox"/> Faculty Buy-out
<input checked="" type="checkbox"/> Select Agents	<input checked="" type="checkbox"/> Toxic Substance Control Act	<input checked="" type="checkbox"/> Subrecipient Organizations
<input checked="" type="checkbox"/> Recombinant DNA	<input checked="" type="checkbox"/> Export Controls	<input checked="" type="checkbox"/> Required Cost-Sharing
<input checked="" type="checkbox"/> Biological Agents	<input checked="" type="checkbox"/> New or Modified Space	<input checked="" type="checkbox"/> Requested/Required F&A Waiver

Hazardous and Radioactive Materials
 Toxic Substance Control Act
 Export Controls
 New or Modified Space
 Requested/Required F&A Waiver
 Recombinant DNA and/or Biological Agents
 Faculty Buy-out
 Sub-recipients
 Cost-Sharing

5. Select the following items (If Applicable)
 - a. Human Subjects
 - b. Select Hazardous Materials (If Applicable)
 - c. Select all applicable materials from Hazardous Materials Sub-Menu

Hazardous and Radioactive Materials

<input type="checkbox"/> Lasers	<input type="checkbox"/> Ionizing Radiation
<input type="checkbox"/> Non-Ionizing Radiation	<input type="checkbox"/> Electromagnetic Radiation
<input type="checkbox"/> Radio-Frequency Radiation	<input type="checkbox"/> Personal Protection Equipment
<input type="checkbox"/> Linear Accelerators	<input type="checkbox"/> Microwaves
<input type="checkbox"/> Magnetic Fields	<input type="checkbox"/> Explosive Materials
<input type="checkbox"/> Carcinogenic Materials	<input type="checkbox"/> Toxic Materials
<input type="checkbox"/> Others	

Others

- d. Select 'Select' Agents (If Applicable)
- e. Select Recombinant DNA (If Applicable)
- f. List all applicable materials from Recombinant DNA and/or Biological Agents submenu

Recombinant DNA and/or Biological Agents

Please list all agents with associated BL ratings greater than "1". If you plan to use agents with a rating of "2" or greater, contact the University's Office of Environmental Health and Safety and the Chair of the University's Institutional Biosafety Committee

Agent	BL Rating		
<input type="text"/>	<input type="text"/>	<input type="button" value="+"/>	<input type="button" value="-"/>

- g. Select Biological Agents (If Applicable)
- h. Select Animals (If Applicable)
- i. Select Radioactive Materials (If Applicable)
- j. Select Toxic Substance Control Act (If Applicable)
- k. Select Export Controls (If Applicable)
- l. Select New or Modified Space (If Applicable)
- m. Provide summary detail of space requirements in New or Modified Space sub-menu

New or Modified Space

Type of Space

Reason for New/Modified space

Additional Comments

- n. Select Information Technology (If Applicable)
- o. Select Faculty Buy-out (If Applicable)
- p. Provide details of Faculty Buy-out in Faculty Buy-out sub-menu

Faculty Buy-out

Based on a six-unit academic year, specify units of buyout for each faculty member by year.

Faculty Member	Year 1	Amount	Year 2	Amount	Year 3	Amount	Year 4	Amount	Year 5	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+ -

- q. Select Sub-recipient Organizations (If Applicable)
- r. Provide details of Sub-recipient Organizations in Sub-recipient Organizations sub-menu

Sub-recipients

Vendor ID

Other's if Not Listed Vendor ID

+ -

- i. If Sub-recipient Organization is not available from Vendor ID drop down list manually enter Sub-recipient name in field labeled 'Other's if not listed Vendor ID'.

- s. Select Required Cost-Sharing (If Applicable)
- t. Provide details of Cost-Sharing in Cost-Sharing sub-menu

Cost-Sharing

Please identify specific source of funds (enter complete chartfield string) and purpose (i.e. salary, equipment):

Department	Fund Code	Funding Source	Program Code	Function Code	Property Name	Account	Amount	Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signatures on page 1 of the transmittal form indicate approval of the budgetary authority for cost-sharing described above.
Third party or in-kind contributions must be verified in a letter of commitment from the contributor.

+ -

- u. Select Requested/Required F&A Waiver (If Applicable)
- v. Provide justification for Requested/Required F&A Waiver in Requested/Required F&A Waiver sub-menu

Requested/Required F&A Waiver

Reduced F&A rates must be documented in the policy of the sponsor or approved by the Vice Provost for Research. If a full or partial waiver of F&A costs is requested from the VPR please briefly justify the request below

6. Click

Proposal Form Step 6/7

1 2 3 4 5 6 7 < Previous Next >

Add Attachments
Attach all supporting documents.

Business Unit: GRANT Proposal Form ID: 16

Proposal Projects Find | View All First 1 of 1 Last

Sequence #:

Requests	Attached File	
1		<input type="button" value="Add Attachment"/> <input style="float: right; width: 20px; height: 20px; border: 1px solid #0056b3;" type="button" value="+"/>

4. Click to attach the proposal documentation to the PTF for review. The proposal documentation may include:

- a. Sponsor Guidelines
- b. Budget
- c. Budget Justification
- d. Abstract
- e. Narrative and/or any other required information

5. Click

Proposal Form Step 7/7

1 2 3 4 5 6 7 < Previous Next >

Select Approvers

Please select all which need to approve this proposal form.

Business Unit: GRANT Proposal Form ID: 16
 Proposal Status: Initial Draft

Approvals

Principal Investigator

PI ID	Name	Email Address
82994927	Comvalius-Goddard, Sharon	comvaliu@email.bc.edu

Co-Principal Investigator

PI's Department Chair or Designee

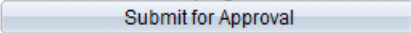
Co-Principal Investigator Department Chair or Designee

PI's Dean or Designee

Co-Principal Investigator Dean or Designee

Please be sure to include your selections for Department Chairs and Deans prior to submit or re-submit. Your selections will only be made available to the approval process during the submit or re-submit process and are not saved to this page.

5. Select Approver(s)

- a. Click  - This will create the workflow path and return you to page 1.

Proposal Form Step 1/7

1 2 3 4 5 6 7 < Previous Next >

Proposal Form and PI Details

* Fields are Required, Please enter all required fields before submitting the proposal, you can save proposal without required fields.

Business Unit: GRANT Version: P1
 Proposal Form ID: 16 Proposal Status: Pending Approval

Proposal Details

*Proposal Title: Advances in Molecular Relaxation and Interaction Process *Type: New

*Purpose: BARE Basic Research Sponsor Award #:

*Proposal Start Date: 04/01/2014 Solicitation #:

*Proposal End Date: 03/31/2015 Current Award #:

*Sponsor: G300000 National Science Foundation-LOC *Due Date: 03/15/2014

Prime Sponsor: Allow Multiple PIs:

OSP Proposal ID:

Created By: Lori St Peter

Proposal Projects

Sequence #:

*Institution: BCOSP Boston College

*Department: 053321 Chemistry

*Subdivision: 053321 Chemistry

PI & Co-PI's Information

PI/Co-PI	PI Employee ID	Name	Contact PI	Primary PI	Phone	Email	Institution	Department ID	Subdivision	Location
PI	82994927	Comvalius-Goddard, Sharon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	617/552-8259	comvaliu@email.bc.edu		053321		13601504

CFDA

Program Title	Primary
<input type="text"/>	<input type="checkbox"/>

6. Click  - To print a .pdf version of the PTF.

- a. Click 