

# TOURO COLLEGE

*Office of Sponsored Programs (OSP)  
Proposal Transmittal and Approval Form*

**Type of Proposal**

- New Project
- Non-Competing Continuation
- Competing /Renewal
- Supplement \*\*\*\*\*
- Pre-Proposal
- Revised Budget (Sponsor Required)

<b>PI Name:</b>	<b>Phone #</b>	<b>Email:</b>
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<b>Dept./Program/Center:</b>	<b>Position/Title:</b>
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**Co-PI Name (s):**  
**Note: Touro College Co-PI's must complete the Co-PI Proposal Transmittal Supplement Form**

**School:**

<p><b>Graduate Division</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Business</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Jewish Studies</li> <li><input type="checkbox"/> Psychology</li> <li><input type="checkbox"/> Social Work</li> <li><input type="checkbox"/> Technology</li> <li><input type="checkbox"/> Health Sciences</li> </ul>	<p><b>Undergraduate Division</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lander College of Arts &amp; Sciences</li> <li><input type="checkbox"/> Lander College for Men</li> <li><input type="checkbox"/> Lander College for Women</li> <li><input type="checkbox"/> New York School of Career &amp; Applied Studies</li> <li><input type="checkbox"/> School of Health Sciences</li> <li><input type="checkbox"/> Touro College Berlin</li> <li><input type="checkbox"/> Touro College Israel</li> <li><input type="checkbox"/> Touro College Los Angeles</li> <li><input type="checkbox"/> Touro College South</li> </ul>	<p><b>Professional</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Osteopathic Medicine</li> <li><input type="checkbox"/> Pharmacy</li> <li><input type="checkbox"/> Machon L'Parnasa-IPS</li> <li><input type="checkbox"/> The Jacob D. Fuchsberg Law Center</li> </ul>
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<p><b>Sponsor:</b>  <b>Address:</b>  <b>Contact Name:</b>  <b>Phone:</b>  <b>Email:</b></p>	<p><b>Sponsor Solicitation Number:</b> _____  <b>Proposed Deadline Day/Time:</b> _____  <b>Type of Deadline:</b>  <input type="checkbox"/> Mailing or <input type="checkbox"/> Receipt  <b>Method of Submission:</b>  <input type="checkbox"/> Electronic or <input type="checkbox"/> Paper</p>
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<b>Project Title:</b>	<b>Proposed Project Start Date :</b>
	<b>Proposed Project End Date:</b>

<p><b>Type of Program</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Research</li> <li><input type="checkbox"/> Demonstration</li> <li><input type="checkbox"/> Public Service</li> <li><input type="checkbox"/> Institutional Training</li> <li><input type="checkbox"/> Individual Fellowship</li> <li><input type="checkbox"/> Facilities/Equipment</li> <li><input type="checkbox"/> Conference</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>Facilities &amp; Administrative (F&amp;A) Cost Rate(s)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Federal On Campus % (Rate = 51.7%)</li> <li><input type="checkbox"/> Federal Off Campus % (Rate = 18.4%)</li> <li><input type="checkbox"/> Other % (Rate) _____</li> </ul>
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Funds Requested	1 <sup>st</sup> Budget Period	2 <sup>nd</sup> Budget Period	3 <sup>rd</sup> Budget Period	4 <sup>th</sup> Budget Period	5 <sup>th</sup> Budget Period	Total Project
<b>Direct Cost</b>	_____	_____	_____	_____	_____	_____
<b>F &amp; A Cost</b>	_____	_____	_____	_____	_____	_____
<b>Total Cost</b>	_____	_____	_____	_____	_____	_____
<i>If applicable: Cost Sharing/ Matching</i>						
<input type="checkbox"/> <i>Mandatory</i> or <input type="checkbox"/> <i>Voluntary Contributed</i>	_____	_____	_____	_____	_____	_____
<b>Total Project</b>	_____	_____	_____	_____	_____	_____

**Proposed Subrecipients Organization(s) or Institution(s):**



<b>TOURO COLLEGE</b> <i>Office of Sponsored Programs (OSP)</i> <i>Proposal Transmittal and Approval Form</i>  <b>Touro Co-PI Supplement Form (For each Co-PI)</b>		<b>Type of Proposal</b> <input type="checkbox"/> New Project <input type="checkbox"/> Non-Competing Continuation <input type="checkbox"/> Competing /Renewal <input type="checkbox"/> Supplement ***** <input type="checkbox"/> Pre-Proposal <input type="checkbox"/> Revised Budget (Sponsor Required)
<b>Co-PI Name:</b>	<b>Phone #</b>	<b>Email:</b>
<b>Dept./Program/Center:</b>		<b>Project Title:</b>
<b>School:</b>		
<b>Graduate Division</b> <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Jewish Studies <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work <input type="checkbox"/> Technology <input type="checkbox"/> Health Sciences	<b>Undergraduate Division</b> <input type="checkbox"/> Lander College of Arts & Sciences <input type="checkbox"/> Lander College for Men <input type="checkbox"/> Lander College for Women <input type="checkbox"/> New York School of Career & Applied Studies <input type="checkbox"/> School of Health Sciences <input type="checkbox"/> Touro College Berlin <input type="checkbox"/> Touro College Israel <input type="checkbox"/> Touro College Los Angeles <input type="checkbox"/> Touro College South	<b>Professional</b> <input type="checkbox"/> Osteopathic Medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Machon L'Parnasa-IPS <input type="checkbox"/> The Jacob D. Fuchsberg Law Center
<b>Touro College PI Name:</b>		<b>Sponsor:</b>

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**Approval Certifications:**

**Co-Principal Investigator:** I certify that the above information is true, accurate and complete as of this date. I accept full responsibility for the conduct of this project and for adhering to all provisions required by the sponsoring agency and Touro College.  *I hereby certify that no conflict of interest is posed by my undertaking this project if it is selected for funding.*  A potential conflict of interest does exist. Please contact OSP immediately.

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Co-Principal Investigator Signature, Printed Name, and Date

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**Department Program Chair:** *(If required)* The attached application is approved. It is within the total program and academic objectives of the Department. Adequate space is available or planned for the conduct of this project. The time allocations described therein are realistic.

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Department Chair Signature, Printed Name, and Date

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**Dean of School:** The proposed project application is approved. If matching funds/cost sharing is required I will be responsible for assuring that the necessary resources are made available. The information contained on this form is accurate and correct to the best of my knowledge.

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Dean Signature, Printed Name, and Date