

<h1 style="margin: 0;">TOURO UNIVERSITY</h1> <p style="margin: 5px 0;"><i>Office of Sponsored Programs (OSP)</i></p> <p style="margin: 0;"><i>Proposal Transmittal and Approval Form</i></p>				Type of Proposal <input type="checkbox"/> New Project <input type="checkbox"/> Non-Competing Continuation <input type="checkbox"/> Competing /Renewal <input type="checkbox"/> Supplement <p style="text-align: center;">*****</p> <input type="checkbox"/> Pre-Proposal <input type="checkbox"/> Revised Budget (Sponsor Required)		
PI Name:		Phone #		Email:		
Dept./Program/Center:		Position/Title:				
Co-PI Name (s):						
Proposed Subrecipients Organization(s) or Institution(s):						
School:						
Graduate Division <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Jewish Studies <input type="checkbox"/> Social Work <input type="checkbox"/> Technology <input type="checkbox"/> Health Sciences <input type="checkbox"/>		Undergraduate Division <input type="checkbox"/> Lander College of Arts & Sciences Lander <input type="checkbox"/> College for Men <input type="checkbox"/> Lander College for Women <input type="checkbox"/> New York School of Career & Applied Studies <input type="checkbox"/> School for Lifelong Education <input type="checkbox"/> Machon L'Parnasa-IPS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Professional <input type="checkbox"/> Osteopathic Medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental Medicine <input type="checkbox"/> The Jacob D. Fuchsberg Law Center New York College of Podiatric Medicine	
Sponsor: Contact Name: Phone: Email:				Sponsor Solicitation Number: _____ Proposed Deadline Day/Time: _____		
Project Title:						
Type of Program <input type="checkbox"/> Research <input type="checkbox"/> Demonstration Public <input type="checkbox"/> Service Institutional <input type="checkbox"/> Training Individual <input type="checkbox"/> Fellowship <input type="checkbox"/> Facilities/Equipment <input type="checkbox"/> Conference <input type="checkbox"/> Other				Proposed Project Start Date : _____ Proposed Project End Date: _____ Facilities & Administrative (F&A) Cost Rate(s) <input type="checkbox"/> Federal On Campus % (Rate = 56.00%) <input type="checkbox"/> Federal Off Campus % (Rate = 17.00%) <input type="checkbox"/> Other % (Rate) _____		
Funds Requested Direct Cost F & A Cost Total Cost <i>If applicable:</i> Cost Sharing/ Matching <input type="checkbox"/> <i>Mandatory</i> or <input type="checkbox"/> <i>Voluntary Contributed</i> Total Project	1 st Budget Period _____ _____ \$0.00 _____ _____ \$0.00	2 nd Budget Period _____ _____ \$0.00 _____ _____ \$0.00	3 rd Budget Period _____ _____ \$0.00 _____ _____ \$0.00	4 th Budget Period _____ _____ \$0.00 _____ _____ \$0.00	5 th Budget Period _____ _____ \$0.00 _____ _____ \$0.00	Total Project \$0.00 \$0.00 \$0.00 _____ \$0.00 \$0.00

Please list all artificial intelligence (AI) tools and technology used and explain how they were used:
Use additional pages, if needed.

Principal Investigator's Special Considerations/Comments to OSP:			
COMPLIANCE: Does this project entail the use of:			
Human Subjects: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> IRB Protocol # _____ Date of _____ <input type="checkbox"/> Approval _____ or <input type="checkbox"/> Pending _____	Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bio-Hazards/ Bio-safety: <input type="checkbox"/> Yes <input type="checkbox"/> No	Radiation Safety: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs: <input type="checkbox"/> Space Building _____ Room _____ <input type="checkbox"/> Equipment _____ <input type="checkbox"/> Other _____			

Approval Certifications:

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 University. *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.

I certify that the information submitted within the accompanying application represents original ideas and independent work and no substantial portion of the application has been generated or substantially influenced by artificial intelligence (AI) tools or technologies. I have read and agree to abide by the directives of Touro University's Use of AI in Sponsored Research and Grant Submissions policy.

Principal Investigator Signature, Printed Name, and Date

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.

Dean Signature, Printed Name, and Date