## Type of Proposal **TOURO COLLEGE** ☐ New Project ■ Non-Competing Continuation Office of Sponsored Programs (OSP) Competing /Renewal Supplement Proposal Transmittal and Approval Form ☐ Pre-Proposal Revised Budget (Sponsor Required) PI Name: Phone # Email: Dept./Program/Center: Position/Title: Co-PI Name (s): Note: Touro College Co-Pl's must complete the Co-Pl Proposal Transmittal Supplement Form School: **Graduate Division Undergraduate Division** Professional ☐ Lander College of Arts & Sciences ☐ Osteopathic Medicine ☐ Business ☐ Lander College for Men ☐ Pharmacy ☐ Education ☐ Machon Ĺ'Parnasa-IPS ☐ Lander College for Women ☐ New York School of Career & Applied Studies ☐ Jewish Studies ☐ Psychology ☐ The Jacob D. Fuchsberg Law Center School of Health Sciences ☐ Social Work ☐ Touro College Berlin ☐ Technology ☐ Touro College Israel ☐ Health Sciences ☐ Touro College Los Angeles ☐ Touro College South Sponsor: Sponsor Solicitation Number: Address: Proposed Deadline Day/Time:\_ **Contact Name:** Type of Deadline: Phone: ☐ Mailing or ☐ Receipt Email: Method of Submission: ☐ Electronic or ☐ Paper Project Title: Proposed Project Start Date : **Proposed Project End Date:** Type of Program Facilities & Administrative (F&A) Cost Rate(s) ☐ Federal On Campus % (Rate = 51.7%) ☐ Research □ Demonstration ☐ Federal Off Campus % (Rate = 18.4%) ☐ Public Service ☐ Institutional Training ☐ Individual Fellowship Other % (Rate) ☐ Facilities/Equipment Conference Other 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 Direct Cost** F & A Cost **Total Cost** If applicable: Cost Sharing/ Matching ☐ Mandatory ☐ Voluntary Contributed Total Project

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

Principal Investigator's Special	I Considerations/Comme	nts to OSP:				
COMPLIANCE: Does this project	ct entail the use of:					
Human Subjects: ☐ Yes ☐ IRB #1 ☐ IRB Health Scien IRB Profosal #_		Animals:  Yes No  Bio-Hazards/	Radiation Safety:			
Date of Approval or	] Pending	Bio-safety: ☐ Yes ☐ No	☐ Yes ☐ No			
Special Needs:  ☐ Space Bui ☐ Equipment	ilding		Room Other			
		*****	*****			
	***************************************					
Approval Certifications:						
Principal Investigator: I ce accept full responsibility for sponsoring agency and Tou undertaking this project if it contact OSP immediately.	the conduct of this prouro College. ☐ <i>I hereb</i>	oject and for ac	Thering to all provision conflict of interes	sions required by the tis posed by my		
Principal Investigator Signature, Printed Name, and Date  ***********************************						
<b>Department Program Chai</b> and academic objectives of project. The time allocations	the Department. Ade	quate space is				
Department Chair Signature		Date ******	****			
<b>Dean of School:</b> The propose will be responsible for assur on this form is accurate and	ring that the necessar	y resources are	e made available.			
Dean Signature, Printed Na	-	******	****			
Office of Sponsored Progr	ram Director: The pro	oposed project	application is appi	roved.		
Sponsored Program Director		Name, and Date				
Authorized Institutional O	fficial: The proposed	project applica	tion is approved.			
	nature Printed Name	and Date				

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TOURO (	Type of Proposal					
10010	☐ New Project					
Office of Sponsore	☐ Non-Competing Continuation☐ Competing /Renewal					
Proposal Transmittal and Approval Form			☐ Supplement			
·	************  ☐ Pre-Proposal ☐ Revised Budget (Sponsor Required)					
Touro Co-PI Supplemer	· · · · · · · · · · · · · · · · · · ·	r each Co-Pi) Phone #	Email:			
CO-FI Name.		i none #				
Dept./Program/Center:		Project Title:				
	1	School:				
Graduate Division	Undergraduate Division					
Business	☐ Lander College for Men ☐ Osteopatric Medicine ☐ Pharmacy					
☐ Education☐ Jewish Studies	☐ Lander Collect	nder College for Women				
☐ Psychology		☐ New York School of Career & Applied Studies ☐ The Jacob D. Fuchsberg Law Cent				
Social Work		School of Health Sciences				
☐ Technology		Touro College Berlin Touro College Israel				
☐ Health Sciences	☐ Touro College	e Los Angeles				
		☐ Touro College South				
		1 -				
Touro College PI Name:		Sponsor:				
	*****	******				
Approval Certifications:						
<b>Co-Principal Investigator</b> : 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. $\square$ <i>I hereby certify that no conflict of interest is posed by my undertaking this project if it is selected for funding.</i> $\square$ A potential conflict of interest does exist. Please contact OSP immediately.						
Co-Principal Investigator Signature, Printed Name, and Date						
**********						
<b>Department Program Chair:</b> ( <i>If required</i> ) 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.						
Department Chair Signature, Printed	Name, and Da	ate				
*********						
<b>Dean of School:</b> 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						

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