

NORTHERN MICHIGAN UNIVERSITY
Internal Transmittal Form for Sponsored Projects

Pending # _____ (Sponsored Programs will assign)

For questions regarding this form, contact the Continuing Education
 & Sponsored Programs Office at 227-2335

GENERAL INFORMATION

1. Principal Investigator _____ 2. Co-Principal Investigator _____
 Dept. _____ Telephone # _____ College _____
3. Project Title _____

4. Summary of Project _____

5. Funding Agency _____ C.F.D.A. No.(if known) _____
6. Proposal Deadline _____ Postmarked by [] or Agency Receipt by []
7. Project Start Date _____ End Date _____
8. This Proposal is a: New Project [] Continuation [] If continuation, indicate current account # _____
9. This Proposal is: Research [] Instructional [] Public Service [] Other _____

FINANCIAL INFORMATION

10. Project Budget Summary*	Funding Agency	NMU **	Other **	Total
Salaries & Fringe	\$	\$	\$	\$
Established (61XX-66XX)	_____	_____	_____	_____
Temporary (67XX-69XX)	_____	_____	_____	_____
Contractual Services (71XX-74XX)	_____	_____	_____	_____
Equipment (765X)	_____	_____	_____	_____
Total Direct Costs	_____	_____	_____	_____
Indirect Cost (_____ %)	_____	_____	_____	_____
TOTAL PROJECT COSTS	\$ _____	\$ _____	\$ _____	\$ _____

* A Detailed Budget should be included in your proposal

** Indicate Cash/In-Kind Cost Sharing/Matching Contributions with an asterisk. **Clearly indicate required matching funds.**

SPECIAL APPROVALS

If the answer to any of the following questions (11-13) is Yes, please obtain the appropriate signatures.

11. Is Cost Sharing/Matching proposed? No [] Yes [] _____
Appropriate Vice President

12. Are Human subjects to be used? No [] Yes [] _____
Chair, Institutional Review Board or
Dean of Graduate Studies & Research

13. Are Animal Subjects to be used? No [] Yes [] _____
Animal Care & Use Committee

14. Are Indirect Costs being requested at the current NMU rate? No [] Yes []

If no, attach a copy of the agency policy limiting indirect cost reimbursement and/or verification in the comment section below from the Dean of Graduate Studies & Research authorizing such action.

of Copies of Proposal to: Agency [] Graduate Studies & Research [1] Accounting [1] Project Director [] Others (specify) _____ Total Copies []
Agency Address and special instructions _____
Agency Contact person _____

SUBMITTED BY: _____ Date: _____
Principal Investigator

APPROVAL FOR TRANSMITTAL

Department Head Date College Dean Date

Finance Office Date Dean of Graduate Studies and Research Date

Comments:
