Submit this Transmittal Form	along with the proposal	and quidalines to the	Office of Spance	rod Brograms (OSB)
Submit this Transmittal Form	lalong with the proposal	and duidelines to the	: Uffice of Sponsol	red Prodrams (USP)

Modified: July 202

Project Director / Principal Investigator  Depar tment	E-Mail Address		Telephone	
Co-Project Director / Principal Investigator	E-Mail Address		Telephone	
Co-Project Director / Principal Investigator _	E-Mail Address		Telephone	
Co-Project Director / Principal Investigator _	E-Mail Address		Telephone	
Funding Source		Confidential Source?	Telephone	
Does this grant contain funds from a federal source Agency Name		of Federal Domestic Assistance (CFD)	A) Number	
Project Title 'eadline 3 U R S R V D O L V ' X H W R 3 D  Effective D ates of P roposal: B egin			_	

Yes No Matching Funds Required?

In kind Formritment: Provide specific information about any Troy University matching or in-kind commitments. Specify the source of matching funds with account numbers if appropriate, Whe personnel and percentage of their time for in-kind commitments, and any other cost sharing commitments in the proposal. Attach additional pages as necessary.

University Clearances & Commitments Verification:

Mark appropriate responses. Any response marked Yes must include an explanation

either in the space provided or in an attachment.

Yes No Does the proposal involve: Human Subjects Resear ch Animals

Yes No If \es, has the appropriate clearance been obtained from the 5 H V H D U F K 5 H Y L H% R D URQJW K \$1Q L P D50H Y L H&R P P L W W H H?

Yes No Does Troy University h ave any expressed or implied responsibility after the agency terminates s upport of this project?

As Project Director / the proposed project. I w required reports to the	Principal Investigator, I accept responsibility for the scientific and t echnical conduct and financial management of ill comply w ith all state and federal regulations / laws which apply to the project I will D O V R prov ide the	