

Hard-Copy Proposal Transmittal Form (PTF) Instructions

The Hard-Copy PTF is designed to be compatible with ARGIS (On-line proposal tracking system). This form should be submitted (1) if a Principal Investigator intends to obtain original signatures; (2) if someone other than the PI or Co-PI is filling out the ARGIS entry on-line. This completed form will help the Proposal Manager (PM) in the Office of Research & Commercialization (ORC) or a unit representative complete ARGIS accurately. Please fill out the PTF completely. If you have questions, please feel free to contact your PM in the Office of Research and Commercialization.

Page 1:

- **Application Request** – Select the appropriate box to designate the type of application being entered.
 - **Supplemental (Continuation to Account Number)** – If this proposal is a continuation of another proposal already ARGIS, select the check box next to "Continuation to Account Number" and enter the account number in the text field provided. This will be used for cross reference purposes only.
- **Agency Deadline Type** – The deadline type for the Hard-Copy PTF is "Actual Receipt" by default.
- **Agency Deadline** – Enter the deadline date in the field provided (mm/dd/yyyy format).
- **Filing Type** – The Filing Type for the Hard-Copy PTF is "Hard Copy Submission" by default.
- **Project Type** – Select only one project type that most closely describes your project.
- **Project Start Date** and **Project End Date** – Enter the project start and end dates in the fields provided (mm/dd/yyyy format).
- **Title** – Enter the title of the proposal.
- **Research Attributes** – If applicable, select the research attribute that applies to the project.
- **Key Words** – If applicable, enter relevant keywords that apply to the project.
- **Description** – Enter a brief description of the project. Although the number of characters is unlimited, this is not intended to be a formal Statement of Work, but rather a brief abstract.

Page 2:

- **Indicate who is sponsoring the research** – Select the appropriate box to indicate whether the sponsor is an external sponsoring agency or a College/Department at UCF. Enter the name of the sponsoring organization in the field provided.
- **Proposal Announcement/Number** – This is the solicitation number assigned by the sponsoring agency in its solicitation for proposals.
- **General Comments** – This refers to any additional information pertaining to the proposal that should not be included with the proposal description. This is for comments only and should not include any supporting documentation. The actual proposal documents may be uploaded into ARGIS via the Documents Tab.
- **Special Considerations** – Use the radio buttons provided to indicate any and all relevant special considerations. When a **YES** response is indicated, more data may be required, and a text field will be provided for entry of additional information.

Page 3:

- **Budget** – Attach the appropriate budget with application when submitting.
- **Investigators List and Credit Percentage** – Include appropriate investigator names and credit allocation.
- **UCF Cost Share/Matching Commitment** – Indicate whether cost sharing is included.
- **UCF Research Foundation** – Indicate whether the application is being processed through the UCF Research Foundation.

Page 4:

- **Approvals** – Include appropriate approval signatures for the application.

Page 5:

- **General Cost Sharing Memo** – Complete memo only if applicable and allowable for the project.

Hard-Copy Proposal Transmittal Form (PTF)

[R] Application Request:

- ☐ Preliminary Proposal
☐ New - Formal Proposal
☐ Supplemental - Continuation to Acct. #

Agency Deadline Type: Actual Receipt

[R] Agency Deadline:

Filing Type: ☒ Hard Copy Submission
☐ Electronic Submission

[R] Project Type:

- ☐ Instruction: Instruction
☐ Instruction: Training
☐ Intergovernmental Personnel Agreement
☐ Internal UCF Program
☐ Organized Research: Applied Research
(conducted to gain the knowledge or understanding to meet a specific, recognized need)
☐ Organized Research: Basic Research
(undertaken primarily to acquire new knowledge without any particular application or use in mind)
☐ Organized Research: Clinical Trial
☐ Organized Research: Development
(systematic use of the knowledge or understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including the design and development of prototypes and processes)

- ☐ Other Institutional Activities: Construction
☐ Other Sponsored Activities: Conference
☐ Other Sponsored Activities: Equipment
☐ Other Sponsored Activities: Fellowship
☐ Other Sponsored Activities: Private Service
☐ Other Sponsored Activities: Public Service
☐ Other Sponsored Activities: Testing/Development/Analysis
☐ Research Foundation: Donation/Sponsorship/Other Agreements
☐ Research Foundation: Foundation Accounts
☐ Unknown

[R] Project Start Date:

[R] Project End Date:

[R] Title:

Research Attributes:

- ☐ CAREER ☐ I-4 ☐ In-House ☐ IUCRC ☐ Research Foundation
☐ REU ☐ URI ☐ CRCV ☐ ICAMR

Key Words:

[R] Description:

(3800 character length limit.)

PROPOSAL SPONSORING ORGANIZATION

[R] Who is this proposal being sent to?

☐ Agency ☐ College/Department

Sponsoring Organization: Proposal Announcement/Number:

Solicitation/Program Name:

Proposal Instructions and General Comments:

(2000 character length limit.)

[R] Special Consideration Questions

- | | | |
|---|------------------------------|-----------------------------|
| Is this project conducted on-campus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will additional space or facilities be needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES, please describe: _____ | | |
| Will the project require the use of UCF facilities, equipment, or services for which a UCF fee will be charged to this project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the project require access to UCF's High Performance Computing Center (STOKES)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the project require new computing equipment, data archiving or data mgmt. by UCF? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will human subjects (to include data about living people, biological specimens, etc.) be used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES: <input type="checkbox"/> Pending Approval <input type="checkbox"/> Approved, IRB #: _____ | | |
| Will vertebrate animals be used during the project (experimental or observational)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES: <input type="checkbox"/> Pending Approval <input type="checkbox"/> Approved, IACUC #: _____ | | |
| Will hazardous materials be used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES: Do you have the facilities to conduct research using these hazardous materials? | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the project classified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES, please describe: _____ | | |
| Is the project sensitive, but unclassified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES, please describe: _____ | | |
| Is this project under export control restrictions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES, please describe: _____ | | |
| Indicate if the research or service has a direct application to military, commercial, or both: | | |
| <input type="checkbox"/> Military Application Only | | |
| <input type="checkbox"/> Commercial Application Only | | |
| <input type="checkbox"/> Both Military and Commercial Application | | |
| Will any materials and/or proprietary information be exchanged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will there be individuals on campus who are not UCF employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will subcontracting to another organization occur? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can information about this submission be disclosed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

[R] Budget: Please attach budget when submitting.

[R] Investigators and Credit Percentage

Principal Investigator: _____
Name (First, M., Last) _____
Department(s) _____
E-Mail _____
Phone _____

Co-Principal Investigator: _____
Name (First, M., Last) _____
Department(s) _____
E-Mail _____
Phone _____

Co-Principal Investigator: _____
Name (First, M., Last) _____
Department(s) _____
E-Mail _____
Phone _____

[R] Credit:		
Credit %	F&A %	FTE %
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL:		Does not equal 100%
<input type="text"/>	<input type="text"/>	
<i>Total credit split and F&A split must equal 100%. However, annual percent of effort may not.</i>		

Project Assistant: _____
Name (First, M., Last) _____
Department(s) _____
E-Mail _____
Phone _____

Project Assistant: _____
Name (First, M., Last) _____
Department(s) _____
E-Mail _____
Phone _____

Subcontractor(s)

Subcontractor(s): _____
Point of Contact _____
Address/Email _____
E-Mail _____
Proposed Amount _____

Subcontractor(s): _____
Point of Contact _____
Address/Email _____
E-Mail _____
Proposed Amount _____

Please print this page again to add more Co-Investigators, Project Assistants, Project Personnel, or Subcontractors.

UCF Cost Share/Matching Commitment

Will there be cost sharing/matching on this project?

☐ Yes ☐ No

If yes, please check one:

☐ Required ☐ Voluntary

Please note that cost share must be signed off by the Department Chair and Dean of the College or equivalent within Institutes and Centers prior to proposal submission. Please complete cost share budget detail section of the PTF and have it signed and forwarded to the Proposal Manager responsible for your area. If this is a multidisciplinary project, each separate department must have their own cost share budget detail completed and signed by their Department Chair and Dean of the College or equivalent within Institutes and Centers also prior to submission.

UCF Research Foundation:

Is this application being processed through the UCF Research Foundation?

☐ Yes ☐ No

[R] Approvals:

Each of the signatures in Section Q below indicates review and approval of the attached proposal and the items specified in this Proposal Approval Form, inclusive, and the establishment of a Research Foundation project #, if applicable. Further, it is hereby certified that the PI and Co-PI(s) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency, and that the PI, Co-PI(s), Chair (s) or Dean/Director (s) are responsible for adhering to University (or Research Foundation, if applicable) policies and procedures; accepting responsibility for over expenditures and disallowed costs; ensuring all costs incurred are project related, and in accordance with contractual terms, conditions and time frames, ensuring the technical and reporting requirements of the project are satisfied. In addition, any match commitment, whether required or voluntary, has been approved by all parties.

PI Signature: _____ Date: _____ Co-PI Signature: _____ Date: _____
Printed Name: _____ Printed Name: _____

Co-PI Signature: _____ Date: _____ Co-PI Signature: _____ Date: _____
Printed Name: _____ Printed Name: _____

Co-PI Signature: _____ Date: _____ Co-PI Signature: _____ Date: _____
Printed Name: _____ Printed Name: _____

Dept. Chair: _____ Date: _____ Dean/Director: _____ Date: _____
Printed Name: _____ Printed Name: _____

Dept. Chair: _____ Date: _____ Dean/Director: _____ Date: _____
Printed Name: _____ Printed Name: _____

Dept. Chair: _____ Date: _____ Dean/Director: _____ Date: _____
Printed Name: _____ Printed Name: _____

UCF General Cost Sharing Memo

PI Name: _____ Date: _____

Department, College, Center, Institute: _____

Project Title: _____

Amount: _____

Account Number: _____

Is the faculty member using salary as cost share? ☐ Yes ☐ No

If yes, please indicate which type and the percent level: _____

If yes, please provide the salary type (academic, calendar, summer) and % of effort:

☐ Academic _____ ☐ Summer _____ ☐ Calendar _____

PI Signature: _____ Date: _____

Chair Signature: _____ Date: _____

Dean or Director Signature: _____ Date: _____

Note 1: Please ensure that the cost share amount matches the internal budget detail.

Note 2: For a multi-interdisciplinary proposal, please have each Co-PI from a different department complete an individual cost share sign-off.

Note 3: All cost share whether required or voluntary must be signed off prior to proposal submission.