

PROPOSAL ENDORSEMENT FORM (PEF)

Tennessee Technological University | Office of Research | Derryberry Hall, Room 128

Proposal No. _____

Proposal Title:	
Funding Agency:	
Agency Address:	
Program Officer Info:	

Submission Type

New Proposal Supplement

Proposed Project Period: (MM/DD/YY)

❖ Start Date: _____ | End Date: _____

Category: _____

Project Type: _____

❶ Grant Personnel: Personnel codes: 001-PI; 002-Co-PI

Any individual who holds a full-time position, such as tenured, tenure track, non-tenure track research, director of a state-designated Center or University Center may serve as a Principal Investigator/Project Director for sponsored activities, and be responsible for a contract or grant. In addition, an individual who holds the position of Lecturer, Instructor, Adjunct/Affiliate, Emeritus, or part-time faculty (50% appointment) may serve as a Principal Investigator/Project Director for sponsored activities if he or she receives the approval of his or her chair and dean as shown by their signatures on this form and a tenured or tenure-track research faculty or director is named as co-investigator on the project.

Name	T-Number	Personnel Code	College	Dept.	Center




❷ Senior Personnel: Personnel code: 007-Senior Personnel

Name	T-Number	Personnel Code	College	Dept.	Center
		007			
		007			
		007			

❸ Other Personnel: Personnel codes: 003-Support Personnel; 004-Bookkeeper; 005-Subrecipient Monitor; 006-Budget Preparer

Name	T-Number	Personnel Code	College	Dept.	Center

The table below should include all budget-related items as submitted to the funding agency (i.e., all requested funds and required cost share).

	Agency	Departmental Cost Share	Center Cost Share	TTU Cost Share	Other and/or In-Kind Cost Share
1. Total Direct Costs					
2. Modified Total Direct Costs					
3. Indirect Cost Rate Used (Attach supporting documentation if different from TTU rate)	%	%	%	%	%
4. Total Indirect Costs	Recovered	Contributed	Contributed	Contributed	Contributed
5. Indirect Cost Waived					
6. Total Project Funds					

Cost share: **Mandatory** ☐ or **Voluntary** ☐ If cost share is mandatory, provide documentation (e.g., solicitation, email from program officer, etc.).

Source of Department Cost Share	
Source of Center Cost Share	
Source of TTU Cost Share	
Source of Other and/or In-Kind Cost Share	

Information Needed for Internal Tracking

In cases where waived or contributed indirect costs are not included in the table on page 1 because they were not allowed to be counted toward the required cost share or no cost share is required, enter the amount of waived and contributed costs below:

Waived indirect costs	
Contributed indirect costs	

Compliance, Special Notices, Other:		PI Initials (by initialing, PI verifies that the responses are true and accurate to the best of his/her knowledge)
Yes	No	MUST BE COMPLETED BY PI AND NOT A PROXY.
<input type="radio"/>	<input type="radio"/>	Is extra pay requested? If yes, agency approval is required in writing.
<input type="radio"/>	<input type="radio"/>	Does this proposal/project involve any restricted data, inventions, or proprietary information? If yes, contact the Office of Research.
<input type="radio"/>	<input type="radio"/>	Are subawards/consultants included in proposal? If so, list Subcontract Monitor in Grant Personnel.
<input type="radio"/>	<input type="radio"/>	Will this project involve restrictions on dissemination of results? If yes, contact the Office of Research.
<input type="radio"/>	<input type="radio"/>	Will this project include any export control restrictions? If yes, contact the Office of Research.
<input type="radio"/>	<input type="radio"/>	Does this project involve human subjects? If yes, date application is submitted to TTU Institutional Review Board (IRB) for the Protection of Human Subjects: _____
<input type="radio"/>	<input type="radio"/>	Does this project involve animal care and use? If yes, date application is submitted to TTU Institutional Animal Care and Use Committee (IACUC): _____
<input type="radio"/>	<input type="radio"/>	Does this project involve recombinant DNA molecules/infectious or biohazardous agents/radiological hazards? If yes, contact Safety and Environmental Services at (931) 372-3524.
<input type="radio"/>	<input type="radio"/>	Are computer purchases required? If yes, contact Information Technology Services at (931) 372-3387.
<input type="radio"/>	<input type="radio"/>	Is equipment to be purchased? If yes, contact Purchasing at (931) 372-3491.
<input type="radio"/>	<input type="radio"/>	Is space available for computer/equipment purchases? If no, contact Facilities at (931) 372-3227. Are additional project funds requested to meet space, electrical, and/or maintenance needs? ____ No ____ Yes
<input type="radio"/>	<input type="radio"/>	Have you been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency? If yes, contact the Office of Research.
<input type="radio"/>	<input type="radio"/>	Have you, within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against you for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violated federal or state antitrust statutes or committed embezzlement, theft, forgery, bribery, falsified or destroyed records, made false statements, or received stolen property? If yes, contact the Office of Research.
<input type="radio"/>	<input type="radio"/>	Are you presently being indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in the question above? If yes, contact the Office of Research.
<input type="radio"/>	<input type="radio"/>	Have you, within a three-year period preceding this application/proposal, had one or more public transactions (federal, state or local) terminated for cause or default? If yes, contact the Office of Research.
<input type="radio"/>	<input type="radio"/>	(Note: By marking "No" in this section, you certify that no lobbying has been done prior to the proposal being approved and that no lobbying will be done after it has been approved. If yes, contact the Office of Research.) To the best of your knowledge, have any lobbying activities been conducted relative to this proposal?

Note: The following four questions pertain to conflict of interest (Reference: Office of Research Conflict of Interest in Research Policy 735; Code of Federal Regulations on Financial Conflict of Interest, 45 CFR Part 94.1; and Public Health Service Regulation 42 CFR Part 50.601).

Yes	No	
<input type="radio"/>	<input type="radio"/>	Are you or any member of your immediate family (spouse, parents, parents-in-law, siblings, children, other relatives living at the same address as you, or reported as dependents on federal income tax forms) an officer, director, partner, trustee, employee, advisory board member, or agent of the external organization funding this project or of any organization from which goods and services will be obtained under this project?
<input type="radio"/>	<input type="radio"/>	Do you or any immediate family member have any significant financial interest including, but not limited to, salary or other payments for services (greater than \$10,000 per year from sources other than the employee's institution), equity interest (greater than \$10,000 in value or more than 5% of the ownership interest in a single entity), and intellectual property rights in the external organization funding this project or of any organization from which goods and services will be obtained under this project?
<input type="radio"/>	<input type="radio"/>	Do you have any affiliation with the external organization that would diminish your ability to fulfill your paramount obligations to your students, your colleagues, or the University; or have you involved any student in a proprietary capacity with the external organization?

I certify that I DO ☐ DO NOT ☐ have any significant financial interests associated with the aforementioned proposal/project.
(If you do have a significant financial interest associated with this project, this interest must be disclosed in accordance with the University and Office of Research policy.)

Comments: (e.g., Center Research Area) _____

Certifications: By completing, signing and submitting this form, (1) the principal investigator(s)/coPI(s)/project director(s) provide(s) the certifications shown on the attached Certifications, Disclosures and Assurances Form and (2) the Center Director(s) certifies that the project addresses one or more goals of the Center.

- **The Principal Investigator(s)/co-PI(s)/Project Director(s) also certify that they are qualified to perform the work outlined in this proposal.**

I hereby certify that:

- The information submitted within the application is true, complete, and accurate to the best of my knowledge.
- I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
- I will accept responsibility for the scientific conduct of the project within a drug-free, non-discriminatory workplace.
- I will provide, in a timely manner, the required reports to the sponsor if a grant is awarded as a result of the application.

APPROVALS (In Sequence) MUST be signed by PI and Co-PIs, and appropriate administrators [Director(s), if applicable, Chairperson(s), and Dean(s), and, if applicable, Research Liaison Officer] PRIOR to submission to Office of Research.

_____ Principal Investigator	_____ Date	_____ Co-PI/Senior Personnel/Support Personnel	_____ Date
_____ Co-PI/Senior Personnel/Support Personnel	_____ Date	_____ Co-PI/Senior Personnel/Support Personnel	_____ Date
_____ Co-PI/Senior Personnel/Support Personnel	_____ Date	_____ Co-PI/Senior Personnel/Support Personnel	_____ Date
_____ Co-PI/Senior Personnel/Support Personnel	_____ Date	_____ Co-PI/Senior Personnel/Support Personnel	_____ Date
_____ Co-PI/Senior Personnel/Support Personnel	_____ Date	_____ Co-PI/Senior Personnel/Support Personnel	_____ Date

ADMINISTRATIVE SIGNATURES REQUIRED

Note: If this project is funded, by signing this form, you are certifying that faculty members' total commitment will not exceed 1 FTE combined with other duties.

_____ Center Director(s)	_____ Date	_____ Dean or Liaison Officer (of PIs/Co-PIs/Senior Personnel)	_____ Date
_____ Center Director(s)	_____ Date	_____ Dean or Liaison Officer (of PIs/Co-PIs/Senior Personnel)	_____ Date
_____ Departmental Chairperson(s) (of PIs/Co-PIs/Senior Personnel)	_____ Date	_____ Dean or Liaison Officer (of PIs/Co-PIs/Senior Personnel)	_____ Date
_____ Departmental Chairperson(s) (of PIs/Co-PIs/Senior Personnel)	_____ Date	_____ Office of Research	_____ Date