



UNIVERSITY OF  
NEW ENGLAND

# PROPOSAL TRANSMITTAL FORM

## Overview of Proposal

The Office of Sponsored Programs "Pink Sheet"

Page 1 of 4

Revised

1/2026

This form must accompany all requests for extramural support submitted by UNE Faculty/Staff. Please submit the complete application with final proposed budget and any guidelines/instructions provided by the funding agency to OSP five (5) business days prior to the mailing date. All signatures except Research Administration should be on this form before arriving at OSP. **All proposals must be reviewed and approved by OSP prior to submission.**

**SAVE THIS FORM LOCALLY AND ONLY EDIT WITH ADOBE.**

<b>1</b>	<b>UNE Information</b>	<b>2</b>	<b>Due Date</b>
PI/PD Name: _____ PI/PD Phone: _____ UNE College: _____ Department: _____ Or UNIV Unit (if non-college or non-center): _____ Title of Project: _____ Project Period: _____ to _____ Campus/Site of work: _____ Funding Source: _____		Due Date: _____ Full application, including signed Pink Sheet, is due to OSP five business days prior to due date.	
		<b>3</b>	<b>If this is a subaward</b>
		Prime PI: _____ Prime Org: _____	

<b>4</b>	<b>Applying from Research Center?</b>	<b>5</b>	<b>Submission Type</b>	<b>6</b>	<b>Activity</b>	<b>7</b>	<b>Mechanism</b>
<input type="checkbox"/> CAIEP <input type="checkbox"/> CCSR <input type="checkbox"/> SPPH <input type="checkbox"/> CEN <input type="checkbox"/> MSRC <input type="checkbox"/> UNE-North Note: Center Director/APRS signs		<input type="checkbox"/> New <input type="checkbox"/> Resub/Revision <input type="checkbox"/> Competing Renewal <input type="checkbox"/> Other (Describe): _____		<input type="checkbox"/> Research <input type="checkbox"/> Service <input type="checkbox"/> Training <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Other (Describe): _____		<input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Subcontract <input type="checkbox"/> Other (Describe): _____	

<b>8</b>	<b>Involving Human Subjects?</b>	<b>9</b>	<b>Involving Vertebrate Animals?</b>	<b>10</b>	<b>Involving any of the following?</b>	<b>11</b>	<b>Involving any of these materials?</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes (check one): <input type="checkbox"/> Pending <input type="checkbox"/> Approved		<input type="checkbox"/> No <input type="checkbox"/> Yes (check one): <input type="checkbox"/> Pending <input type="checkbox"/> Approved		<input type="checkbox"/> Infectious agents? <input type="checkbox"/> Recombinant DNA? <input type="checkbox"/> Select agents/toxins? If YES for any, you MUST contact the Institutional Biosafety Committee at x2244 prior to submission.		<input type="checkbox"/> Hazardous or Radioactive? <input type="checkbox"/> Biological Hazards? If YES for any, you MUST contact Environmental Health at x2488 prior to submission.	

<b>12</b>	<b>Space:</b> If funded, where will the research project be conducted? Will it be in your existing space assignment?	<b>If new space needed:</b>	You MUST submit a space request here: <a href="http://spacerequest.une.edu">http://spacerequest.une.edu</a> . <b>Have you?</b> <div style="text-align: right;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>
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## Budget Information

The Office of Sponsored Programs "Pink Sheet"

<b>13</b>	<b>Project Budget</b>					
This is the amount requested for external funding (don't include UNE cost-share or match, if any).						
	Y01	Y02	Y03	Y04	Y05	Project Totals
Direct Costs:						
Indirect* (i.e. overhead/ F&A) Costs:						
Rate Used:**						
TOTAL:						

\* Indirect costs recovered will be distributed according to UNE Policy (see <https://www.une.edu/research/office-sponsored-programs/policies-and-forms>).

\*\* UNE's current on-campus indirect rate is 42.00% on a Modified Total Direct Cost base, and this must be used unless the funder expressly stipulates otherwise. OSP Policy is that the highest allowable funding agency rate be included in all extramural budgets.

<b>14</b>	<b>Budget Relief to UNE</b> (Only complete if applicable)					
Budget Relief are grant funds which will relieve currently budgeted institutional funds (i.e. if grant will cover part of academic-year salary). Do not put matching or cost-share money here. For faculty/staff outside of the primary participating college or center, a Pink Sheet Addendum is required.						
	Y01	Y02	Y03	Y04	Y05	Project Totals
All Salary & Fringe:						
Other:						

<b>15</b>	<b>Course Buy-out</b> (only if applicable)					
If asking for course buy-out, please list how many courses you are requesting to buy out per year. NOTE: these must be approved in advance by Department Chair and Dean. For faculty/staff outside of the primary participating college or center, approval via Pink Sheet Addendum is required.						
Faculty Member:	Y01	Y02	Y03	Y04	Y05	Project Totals

<b>16</b>	<b>Does the proposed budget include cost-sharing or matching?</b>	
<input type="checkbox"/> No: Skip the fourth page and go straight to the signatures.	<input type="checkbox"/> Yes: a) Is it Voluntary or Mandatory: <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory Fill out last page of Pink Sheet (See page 4; Additional Signatures required)	

<b>17</b>	<b>Was the UNE Institutional Advancement Office involved in the preparation of this proposal?</b>
	<input type="checkbox"/> Yes, I collaborated with the IA Office.



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**PI/PD Assurance and Signature**

This assurance will be available to the sponsoring agency or other authorized HHS or Federal officials upon request: (1) that the information submitted within the application is true, complete and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Further, I acknowledge that I am primarily and ultimately responsible for conducting and overseeing the approved scope of work, and for preparing and submitting to sponsor any project reports or other deliverables which may be required. I accept the obligations and commitments described in the proposal; I agree to perform the work in accordance with University policies and Sponsor requirements; and I agree to follow commonly accepted professional practices in conducting, recording, and interpreting the work. I further certify that:

(a) all UNE faculty and other professional employees named in the proposal have agreed to participate as described therein.

(b) I have read, and agree to comply with, the "University of New England Investigator Significant Financial Interest Disclosure Policy for Sponsored Projects" (<http://www.une.edu/research/sponsored-programs/policies-forms/financial-conflict-interest>), and have determined that (check one):

☐

Neither I nor any other investigator on this project have any significant financial interest that requires disclosure at this time; I understand that I must update this determination at any time that a disclosable conflict arises.

**OR**

☐

I have attached a UNE Significant Financial Interests Disclosure Form with related documentation and agree to provide an annual update as required by UNE Policy.

As PI I confirm that I will comply with federal Research Security Training, NIH Other Support training, and Responsible Conduct of Research training requirements as required, and I will enforce these requirements with all Senior/Key Personnel. For additional guidance on NIH Other Support trainings, **see here**. For additional guidance on Research Security training, **see here**. For additional guidance on RCR training by agency, **see here**.

\_\_\_\_\_  
Principal Investigator/Project Director Signature

\_\_\_\_\_  
Date

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**Department Chair or Center Director \***

I have reviewed this proposal and find it consistent with institutional policies and resources for Personnel Commitment, Equipment, Available Space, and Budget.

\_\_\_\_\_  
Department Chair / Center Director's Signature

\_\_\_\_\_  
Date

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**Dean or VPR \***

\_\_\_\_\_  
Dean or VPR Signature

\_\_\_\_\_  
Date

\* Center Director and relevant Provost or VPR signature is required in lieu of Dept. Chair and Dean for any Center application

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**Director of Research Administration Approval**

\_\_\_\_\_  
Director of Research Administration's Signature

\_\_\_\_\_  
Date

**NOTE: Signatures on this page denote approval of any match or cost-share identified on page 4.**



# PROPOSAL TRANSMITTAL FORM

**Cost-Sharing/Matching (only if needed)**

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## Project Match/Cost-share

PI shall list ALL costs which UNE will cover, broken out by budgetary account source (i.e. provide the Banner number or other source).

Note that PI must obtain a signature approval for each Banner account.

Item (eg salary)	Banner index	Amount Y01	Amount Y02	Amount Y03	Amount Y04	Amount Y05	Total \$	Signature Approval (required for <u>each</u> account*)
TOTAL:								

## Comments

\* The signature of whomever has budget authority for the account to be used for cost-share, typically a Dean or Vice President.

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## Fiscal Affairs Approvals

For hard-dollar match only.

OSP will obtain these signatures once this form, with all other signatures, is provided.

Assoc. VP of Finance and Admin.

Vice-President for Fiscal Affairs  
(needed when match exceeds \$10,000)

## Comments