

**NORTH CAROLINA CENTRAL UNIVERSITY
TITLE III PROGRAMS**

INTERNAL PROPOSAL REVIEW TRANSMITTAL FORM

Title III Programs Use Only
Activity No. _____
Fund No. _____

I. PERSONNEL INFORMATION

Activity Director: _____
School/College: _____ Department: _____ Org No: _____
Telephone No: _____ E-Mail Address: _____
Staff Assistant Contact Person: _____
Telephone No: _____ E-Mail Address: _____

II. PROPOSAL SUBMISSION INFORMATION

Activity Title: _____
Focus Area: _____
Legislatively Allowable Activity Category(ies): _____
Proposal Type: ___ New ___ Continuation ___ Supplement

III. PROPOSAL BUDGETARY INFORMATION

Amount Requested this budget period \$ _____
Total amount requested during five-year budget cycle \$ _____
Release Time Required? ___ YES ___ NO If yes, include explanation.
➤ _____
Match Required? ___ YES ___ NO If yes, how much based on the request? \$ _____
Include explanation regarding how match will be supported.
➤ _____
Will this Activity generate Program Income? ___ YES ___ NO
If yes, indicate amount \$ _____
Anticipated Use of Program Income: _____
Fund Name/Fund Number for Program Income Deposits: _____
If funded, will this Activity generate subcontracts from NCCU to other entities?
___ YES ___ NO
Name of Subcontractor(s): _____
Amount of Subcontract(s): \$ _____

IV. PROPOSAL INTERNAL REVIEW (Please attach explanations.)

1. Does the Activity involve research with human subjects? ___ YES ___ NO

2. Does the Activity involve research with vertebrate animals? YES NO
3. Does this Activity involve recombinant DNA? YES NO
4. Does this Activity have any environmental impact? YES NO
 Radioactive Substances? Biological Hazards? Chemical Hazards?
5. Are there any expressed or implied commitments by the University to continue this activity or retain personnel employed exclusively for this activity beyond the end date of the project? YES NO
6. Will the project require resources beyond what is presently available at the University? YES NO
 Personnel? Space? Physical Plant? Equipment?
 Equipment Installation or Maintenance?
7. Does the proposal involve the creation of a new organizational unit at the University? YES NO
8. Does the proposal involve the creation of or planning for a new degree program?
 YES NO
9. Are consultants involved for other than educational or research purposes?
 YES NO
10. Does this project have any potential for a patentable invention or item of technology? YES NO
11. Does this project have an impact on NCCU ITS? YES NO
12. Does this proposal affect economic development in NC? provide a community service? address the general education, health or welfare of NC citizens?
13. Does the Activity Director have a financial interest in the Activity? YES NO
 (If the answer is "yes", a conflict of interest disclosure must be submitted.)

SIGNATURES Your signature below indicates that you are authorized to review and approve this proposal, that you have provided review and approval, and that you are in agreement with all aspects of this proposal.

 Activity Director

 Department Chair

 Dean of School/College or Department Head

 Vice Chancellor of Division

 Title III Programs Director

