

UNIVERSITY OF WISCONSIN PLATTEVILLE

TRANSMITTAL FORM

FUNDING AGENCY INFORMATION			TO BE COMPLETED BY SPONSORED PROGRAMS																																						
1. Agency & Program: NSF			Deadline <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/> E																																						
2. Agency Address: 4201 Wilson Boulevard Arlington, Virginia 22230			Date Submitted																																						
3. Agency Telephone: 703-292-5111	Agency Fax:	Agency Email:	Mailing <input type="checkbox"/> Electronic Submission <input type="checkbox"/> Overnight <input type="checkbox"/> First Class US Mail <input type="checkbox"/> Certified																																						
4. Agency Web Address: www.nsf.gov			NOTES:																																						
PROPOSAL INFORMATION																																									
5. Principal Investigator/Dept./College/Phone: Sabina Burton Criminal Justice/LAE 342-1261																																									
6. Co-Investigator/Dept./College/Phone: Todd Carothers/Bus& Accounting/x1464 Robert Hasker/Computer Science/x1401																																									
7. Co-Investigator/Dept./College/Phone: Bill Hudson/Dean EMS/ x1561 Travis Nelson/Political Science/1809																																									
8. Project Title: Institutionalizing Cyber Education																																									
9. Proposal Type: New Renewal Supplement <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			AWARD INFORMATION - TO BE COMPLETED BY OSP																																						
10. Total Request \$ 485932 Direct \$ 363272 Indirect \$ 122660			New Account: <input type="checkbox"/> Non-Federal <input type="checkbox"/> Federal																																						
11. Match Information: None			Org. Information: <input type="checkbox"/> New <input type="checkbox"/> Add To																																						
12. Begin Date: 12/1/12 End Date 11/30/15			Total Award: Begin Date: End Date:																																						
REQUIRED CLEARANCES - does the project involve:																																									
13. Toxic, infectious or carcinogenic/Mutagenic material? Use recombinant DNA technology?																																									
14. Use of human subjects or human tissue?																																									
15. Use of vertebrate animals?																																									
16. Action involving space, remodeling, or construction?																																									
17. Hiring non-UWP personnel?																																									
18. Creation of new degree programs or services?																																									
19. Potential environmental impacts, which require review under the Wisconsin Environmental Policy Act?																																									
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/> No</td> <td style="width: 15%;"><input type="checkbox"/> Yes</td> <td style="width: 15%;"><input type="checkbox"/> Pending</td> <td style="width: 15%;"><input type="checkbox"/> Attached</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Pending</td> <td><input type="checkbox"/> Attached</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Pending</td> <td><input type="checkbox"/> Attached</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Pending</td> <td><input type="checkbox"/> Attached</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Pending</td> <td><input type="checkbox"/> Attached</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Pending</td> <td><input type="checkbox"/> Attached</td> <td></td> <td></td> </tr> </table>						<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending	<input type="checkbox"/> Attached			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending	<input type="checkbox"/> Attached			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending	<input type="checkbox"/> Attached			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending	<input type="checkbox"/> Attached			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending	<input type="checkbox"/> Attached			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Pending	<input type="checkbox"/> Attached		
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REQUIRED SIGNATURES Return to OSP, 516/517 Pioneer Tower																																									
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR			SIGNATURE DATE																																						
I certify that the plan detailed in the proposal complies with all campus, state, and federal regulations and policies and reflects University, college, and department goals. This project is achievable as described, including the limitations of time, resources, and personnel. All required clearances have been satisfied. If awarded, I agree to conduct the proposed project in compliance with 1) the conditions of the grant, and 2) with all federal policies and procedures and with all policies, procedures, and protocols mandated by UWP, UWS, and the state of Wisconsin.			 4-20-2012 Typed Name: Sabina Burton																																						
DEPARTMENT CHAIR			SIGNATURE DATE																																						
I certify that I have reviewed the proposal and found it to be complete, including required clearances, budget, and commitments involving space, faculty/staff time, and matching funds. In addition, I certify that all resources and other provisions of any award will be fulfilled. A match (check one) <input type="checkbox"/> has OR <input type="checkbox"/> has Not been pledged. Match will be satisfied by (check one) <input type="checkbox"/> a transfer of funds from org code _____ in the amount of \$ _____ and/OR <input type="checkbox"/> in-kind contributions as described in the proposal.			 4/20/12 Typed Name: Tom CAYWOOD																																						
COLLEGE DEAN			SIGNATURE DATE																																						
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