



# University of Louisiana Monroe Proposal Routing and Approval Form

Grant ID/Index: \_\_\_\_\_

Submit **5** Full Working Days Prior to Sponsor Deadline

If matching funds requested, submit 10 working days prior to sponsor deadline

1 **Proposal Deadline Date & time:** \_\_\_\_\_ **method:**  received by sponsor **OR**  postmarked

2 **Principal Investigator:** Email \_\_\_\_\_ CWID \_\_\_\_\_ Campus Phone No. \_\_\_\_\_

Lastname: \_\_\_\_\_ Firstname: \_\_\_\_\_ % Effort: \_\_\_\_\_

Department \_\_\_\_\_ College: \_\_\_\_\_

3 **Sponsor:** \_\_\_\_\_

**Prime sponsor (if pass through):** \_\_\_\_\_

4 **Project Title:** \_\_\_\_\_

5 **Amount Requested:** \_\_\_\_\_ **ULM Match:** \_\_\_\_\_ **Total Project Cost:** \_\_\_\_\_

6 **Project Start Date:** \_\_\_\_\_ **Project End Date:** \_\_\_\_\_ **Project Duration:** \_\_\_\_\_

7 **Project Status:**  LOI/NOI  Preproposal  New  Supplement  Revision/Resubmission  Renewal  Continuation

8 **Project Type:**  Research  Public service  Training/Education  Equipment  Enhancement  Construction/Renovation

9 **Source of Funds:**  Federal  State  Local government  Foundation/Non-profit  Corporation

10 **If funded, proposal will result in:**  Contract/Subcontract  Grant  Cooperative agreement  Restricted award

### Compliance

11 **Human Subjects**  YES  NO IRB approval date: \_\_\_\_\_  Pending Protocol No. \_\_\_\_\_

12 **Vertebrate Animals**  YES  NO IACUC approval date: \_\_\_\_\_  Pending Protocol No. \_\_\_\_\_

### 13 Other Compliance

Yes\*  No carcinogens/hazardous chemicals

Yes\*  No foreign nationals

Yes\*  No infectious agents

Yes\*  No lasers (class # \_\_\_\_\_)

Yes\*  No radioisotopes

Yes\*  No recombinant DNA

Yes\*  No reproductive toxins

Yes\*  No select agents/toxins (e.g., Ebola, anthrax)

Yes  No new or remodeled space

Yes  No proposed new center/institute

Yes  No multiple entities

Yes  No international activities

Yes  No consultants

Yes  No match (detail required)

Yes  No in-kind (usually third party)

Yes  No course release requested

Yes  No overload payments

### MANDATORY FORMS

Conflict of Interest

ULM Internal Budget Worksheet

Budget Justification

\* **NOTE:** If Yes, safety training may be required

14 **Submission Method**  electronic  to be mailed

### 15 Other Personnel

Name \_\_\_\_\_ CWID \_\_\_\_\_ Project Role \_\_\_\_\_ % Effort \_\_\_\_\_

Name \_\_\_\_\_ CWID \_\_\_\_\_ Project Role \_\_\_\_\_ % Effort \_\_\_\_\_

Name \_\_\_\_\_ CWID \_\_\_\_\_ Project Role \_\_\_\_\_ % Effort \_\_\_\_\_

16 **PI:** I certify and attest that the information within accurately reflects all the corresponding information in the attached proposed project

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

### 17 College's approval

Department Head/Program Coordinator (or School Director) \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

### 18 Authorized Organizational Representative

Director, OSPR \_\_\_\_\_ Date \_\_\_\_\_