



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** ☐ postmarked2 **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 ☐ Continuation8 **Project Type:** ☐ Research ☐ Public service ☐ Training/Education ☐ Equipment ☐ Enhancement ☐ Construction/Renovation9 **Source of Funds:** ☐ Federal ☐ State ☐ Local government ☐ Foundation/Non-profit ☐ Corporation10 **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 mailed15 **Other Personnel** (include additional personnel on a separate sheet)

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 _____