



Office of Research and Sponsored Programs
Internal Proposal Approval Form

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Revision Effective Date: 8/20/2014

OCT 19 2018

Ray P. Authement
College of Sciences

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OCT 19 2018 11:19 AM
Vice President
For Research

The university administration must approve all proposals before submission. Submit proposal to ORSP at least THREE FULL (3) WORKING DAYS before the postmark or electronic receipt date. The entire proposal package must be attached to this form for routing and approval. For electronic submissions, provide ORSP with electronic file(s) at least 24 hours before the agency deadline.

PROJECT INFORMATION

PROPOSAL ID 19-0494

Project Title: Smart Optimization Framework to Accelerate Distributed Deep Learning

Principal Investigator: Dr. Li Chen

Department: Computer Science

Department to which project assigned if different from that of PI:

Campus Phone: (337) 482-6774

E-Mail: li.chen@louisiana.edu

Agency/Sponsor: BoR

Prime Sponsor (If applicable):

Program Name: RCS

CFDA # (If applicable):

Project Start Date (MM/DD/YY): 06/11/19

Ending Date (MM/DD/YY): 06/30/22

Proposal Type: Choose an item. New

NSF Discipline: Choose an item. Computer Science

Activity Type: Choose an item. Basic Research

Target Industry: Choose an item. Computer Science N/A

SUBMISSION INSTRUCTIONS

Due Date (MM/DD/YY): 11/17/18

Delivery Time:

Receipt Post Mark

Hard Copy Submission:

Original + copies

Agency Delivery Service Address

(No P.O. Box #):

Agency Phone Number:

Electronic Submission:

Website: LOGAN

Email:

ENTERED
YY

If proposal is a submission from an academic unit, is it a collaborative effort involving one or more University Research Center? If yes, indicate collaborating center(s):

1) 2)

Does this project require use of a UL Lafayette Center or Facility not under your control? (ex. Microscopy Center, LITE, LAC) If yes, indicate center, lab or facility and attach authorization from Director of the center, lab or facility:

1) 2)

Does this proposal contain confidential information? If yes, indicate page number(s):

COMPLIANCE INFORMATION

For projects requiring IRB, IACUC, IBC and Radiation Safety approval, attach a copy of application if pending or the approval memo if approved.

Does this project involve human subjects? Planned Pending Approved: Approval #:

Does this project involve animal subjects? Planned Pending Approved: Approval #:

Does this project involve radioactive materials/radiation? Planned Pending Approved: Approval #:

Does this project involve biohazards or rDNA? Planned Pending Approved: Approval #:

Does this project involve the use of tobacco products on the University campus?

Will any part of this project involve work outside the United States? If yes, what countries?

Will any non-US citizen or non-US permanent resident be employed by or have access to this project? PI

Will your project require collaboration with, purchases from, or export to any foreign entity?

Will this project require any proprietary, restricted, or export controlled information to be received on campus?

## BUDGET INFORMATION

### BUDGET SUMMARY:

Total Funds Requested: \$175,504  
 University Cost Share \$33,174  
 Third Party Contributions: \$

### F&A RATE & RECOVERY:

Full Recovery based on activity and location **Rate & Base:** Choose an item.  
 Agency Limitation (*Attach documentation of Sponsor Policy*) **Rate:** 25 % **Base:** swf  
 Voluntary Waiver/Reduction Requested (*Attach F&A Cost Waiver/Reduction Request Form*)

**TOTAL BUDGET:** \$208,678

**Rate:** % **Base:**

No  Yes **Amount:** \$33,174  
*Voluntary Uncommitted Cost Share*

**COST SHARING/MATCHING:** Does the proposal budget include cost sharing or matching funds from a university source? *If yes, please complete the Cost Share/Matching Funds Approval Form and attach.*

No  Yes **Amount:** \$

**SUBAWARDS/SUBCONTRACTS:** Does the project budget include funds for subawards/subcontracts? *If yes, attach letter of collaboration, scope of work, and budget/budget justification endorsed by an official of that organization. See template Letter of Collaboration on the ORSP website.*

No  Yes **Amount:** \$

**THIRD PARTY CONTRIBUTIONS:** Does the project budget include contributions from third parties? *If yes, attach letter of commitment from each entity providing a contribution. See template Letter of Commitment on the ORSP website.*

## PROJECT PERSONNEL

Include information about UL Lafayette employees only. Use Additional Investigator Attachment Form if more space is needed. Also, it is important to note:

- *Project Credit will impact IDC Return distribution and College/Department activity credit.*
- *UL Lafayette Cost Share should only reflect agency required cost share, not voluntary cost share.*
- *Summer Effort cannot exceed 3 months, NSF restricts to 2 months total on all NSF awards.*

Academic Year (9 month employees)	Summer Effort (9 month employees)
Calendar Year (12 month employees)	

Person/Department	Employee Type	Role in Project	Project Credit (Column must total 100%)	If funded, will project impact teaching load or other work duties? If so, how?	Charged to Sponsor (as a % of time)	UL Lafayette Cost Share (as a % of time)	Charged to Sponsor (in # of Months)
Name: Li Chen Dept: Computer Science	<input checked="" type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input checked="" type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	100 %	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, how:</i>	0%	0 %	/
Name: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, how:</i>	%	%	
Name: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, how:</i>	%	%	
Name: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, how:</i>	%	%	

Yes  No

**EXTRA COMPENSATION:** Is extra compensation requested for a University employee? (E.g. additional compensation to a faculty member during the academic year) *Note: Summer salary for 9 month employees is not extra compensation. Please review the extra compensation policy in the Faculty Handbook.*

## CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

If this is a submission to NSF or PHS (including NIH) the Financial Conflict of Interest Assurance and Disclosure Form is required for all investigators regardless of the answers to the following questions.

Yes  No Aside from salary or royalties that would be earned from possible inventions resulting from this project, will any participating faculty, staff or students (or family members) derive any other economic benefits from the project? *If yes, the impacted individuals must complete the Financial Conflict of Interest Assurance and Disclosure Form.*

Yes  No Do any participating faculty, staff, or students (or family members) currently have or have had in the past three (3) years any financial interest related to an entity involved with this externally sponsored project or their institutional responsibilities generally, including the existence of a consultant or contractual relationship? *If yes, the impacted individuals must complete the Financial Conflict of Interest Assurance and Disclosure Form.*

# CERTIFICATIONS & APPROVALS

Those listed as PI & co-PIs in the Project Personnel section of this form should sign below. Use Additional Investigator Attachment Form if needed.

## INVESTIGATOR CERTIFICATIONS: My signature below certifies that:

- 1) The information contained on this form and the corresponding proposal is true, complete and provides an accurate representation of this project and needed resources. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
- 2) The submission of this form without an accompanying Cost Share/Matching Funds Approval Form indicates that all necessary resources are included in the proposal and supporting documents and that I do not expect the University to share in any additional expenses.
- 3) If the project is funded, I will accept responsibility for the scientific conduct of the project and will administer the project in accordance with the terms and conditions of the grant or contract including the fulfillment of reporting requirements indicated by the funding agency, and that I will abide by all relevant university policies, including its research policies, conflict of interest & research integrity policies, intellectual property and copyright policies, and Drug Free Workplace policy.
- 4) I am not delinquent on any Federal debt (taxes, student loans, etc.).
- 5) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency.
- 6) I have not and will not lobby any Federal agency on behalf of this award.
- 7) Any and all financial interests and relationships to any entity involved or connected with this project have been disclosed as required by university policy.
- 8) I agree to the indicated split of project credit.

**DEPARTMENT CHAIRS, DIRECTORS AND DEANS:** I certify that the project is consistent with the department/unit/college and university mission. I approve the department/unit/college effort and resources that will be used and adequate facilities and space will be provided for the project, and faculty and other personnel can be committed to the project as described in the proposal.

Li Chen	10/19/2018		10/19/2018	Azmy Acheky	10/19/18 CE
Investigator	Date	Department Head/Director	Date	Dean/Administrative Head	Date
Investigator	Date	Department Head/Director	Date	Dean/Administrative Head	Date
Investigator	Date	Department Head/Director	Date	Dean/Administrative Head	Date
Investigator	Date	Department Head/Director	Date	Dean/Administrative Head	Date

No cost share from College of Sciences

## ENDORSEMENTS:

I certify that the proposal conforms to funding agency requirements and appears to be a complete and accurate representation of the project.

The budget is accurate and conforms to university policies.

Date: 10/31/18  
 Director, Office of Research and Sponsored Programs

Date: 11/1/18  
 Director, Sponsored Programs Finance Administration and Compliance

## APPROVALS:

I approve the submission of this proposal to the designated funding agency.

Date: 11/13  
 Vice President, Research

Date: 11/10/18  
 Vice President, Administration and Finance

Date: 11-13-18  
 Authorized Organizational Representative