



Office of Research and Sponsored Programs
Internal Proposal Approval Form

Revision Effective Date: 8/20/2014

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.

PROJECT INFORMATION

PROPOSAL ID \_\_\_\_\_

- Project Title:
Principal Investigator:
Department:
Department to which project assigned if different from that of PI:
Campus Phone: E-Mail:
Agency/Sponsor:
Prime Sponsor (If applicable):
Program Name:
CFDA # (If applicable):
Project Start Date (MM/DD/YY): Ending Date (MM/DD/YY):
Proposal Type: Choose an item.
NSF Discipline: Choose an item.
Activity Type: Choose an item.
Target Industry: Choose an item.

SUBMISSION INSTRUCTIONS
Due Date (MM/DD/YY):
Delivery Time:
[ ] Receipt [ ] Post Mark
[ ] Hard Copy Submission:
Original + copies
Agency Delivery Service Address
(No P.O. Box #):
Agency Phone Number:
[ ] Electronic Submission:
[ ] Website:
[ ] Email:

- [ ] No [ ] Yes 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)
[ ] No [ ] Yes 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)
[ ] No [ ] Yes 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.

- [ ] No [ ] Yes Does this project involve human subjects? [ ] Planned [ ] Pending [ ] Approved: Approval #:
[ ] No [ ] Yes Does this project involve animal subjects? [ ] Planned [ ] Pending [ ] Approved: Approval #:
[ ] No [ ] Yes Does this project involve radioactive materials/radiation? [ ] Planned [ ] Pending [ ] Approved: Approval #:
[ ] No [ ] Yes Does this project involve biohazards or rDNA? [ ] Planned [ ] Pending [ ] Approved: Approval #:
[ ] No [ ] Yes Does this project involve the use of tobacco products on the University campus?
[ ] No [ ] Yes Will any part of this project involve work outside the United States? If yes, what countries?
[ ] No [ ] Yes Will any non-US citizen or non-US permanent resident be employed by or have access to this project?
[ ] No [ ] Yes Will your project require collaboration with, purchases from, or export to any foreign entity?
[ ] No [ ] Yes Will this project require any proprietary, restricted, or export controlled information to be received on campus?

## BUDGET INFORMATION

### BUDGET SUMMARY:

Total Funds Requested: \$  
 University Cost Share \$  
 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:** % **Base:**  
 Voluntary Waiver/Reduction Requested (*Attach [F&A Cost Waiver/Reduction Request Form](#)*)

**TOTAL BUDGET:** \$

No  Yes **Amount:** \$

No  Yes **Amount:** \$

No  Yes **Amount:** \$

**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.*

**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.*

**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.

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?	Academic Year (9 month employees)	Summer Effort (9 month employees)	
					Calendar Year (12 month employees)		
					Charged to Sponsor (as a % of time)	UL Lafayette Cost Share (as a % of time)	Charged to Sponsor (in # of Months)
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>	%	%	
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.

<i>Investigator</i>	<i>Date</i>	<i>Department Head/Director</i>	<i>Date</i>	<i>Dean/Administrative Head</i>	<i>Date</i>
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<i>Investigator</i>	<i>Date</i>	<i>Department Head/Director</i>	<i>Date</i>	<i>Dean/Administrative Head</i>	<i>Date</i>

### 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.
<i>Date:</i> _____ <i>Director, Office of Research and Sponsored Programs</i>	<i>Date:</i> _____ <i>Director, Sponsored Programs Finance Administration and Compliance</i>

### APPROVALS:

I approve the submission of this proposal to the designated funding agency.	
<i>Date:</i> _____ <i>Vice President, Research</i>	<i>Date:</i> _____ <i>Vice President, Administration and Finance</i>
	<i>Date:</i> _____ <i>Authorized Organizational Representative</i>