



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

Foreign Students (Please List Countries Below)

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

14 **Submission Method** electronic to be mailed

15 **Other Personnel** (include additional personnel on a separate sheet)

Name _____ CWID _____ Project Role _____ % Effort _____

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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 _____