

\* NOTE: This completed form must be submitted to ORP (five) 5 working days before the external deadline.

\* See SIUE Submission Policy 5B2: <http://www.siu.edu/policies/5b2.shtml>

**1. PROJECT TEAM (attach additional pages as appropriate)**

Name (PI): _____	Email: _____	Name (PI): _____	Email: _____
Dept: _____	Unit: _____	Dept: _____	Unit: _____
Name (Co-I): _____	Email: _____	Name (Co-I): _____	Email: _____
Dept: _____	Unit: _____	Dept: _____	Unit: _____
Name (Co-I): _____	Email: _____	Name (Co-I): _____	Email: _____
Dept: _____	Unit: _____	Dept: _____	Unit: _____

**2. PROJECT INFORMATION**

Project Title: \_\_\_\_\_

Agency Deadline: \_\_\_\_\_ Agency/Program: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ If sub, which agency is prime? \_\_\_\_\_

Does this proposal fulfill a Grad School internal funding requirement (STEP, etc.)? Yes:  No:

**3. BUDGET INFORMATION** Note: If you used the SIUE budget template, please submit copy with routing form.

Type of Request	Sponsor	SIUE Cost Share**	Total
Personnel:	\$ _____	\$ _____	\$ _____
Fringe Benefits:	\$ _____	\$ _____	\$ _____
Equipment:	\$ _____	\$ _____	\$ _____
Subcontracts:	\$ _____	\$ _____	\$ _____
Other Costs:	\$ _____	\$ _____	\$ _____
<b>TOTAL DIRECT COSTS:</b>	\$ _____	\$ _____	\$ _____
MTDC (Base):	\$ _____	\$ _____	\$ _____
F&A Rate (43%)*:	_____		
<b>INDIRECT COSTS:</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL PROJECT COSTS:</b>	\$ _____	\$ _____	\$ _____

\* Documentation is required (please attach) if funding agency disallows/limits recovery of full 43% F&A costs.

**4. COST SHARING APPROVALS (skip this section if you are not requesting University cost sharing)**

Amount of subsidy: \$ \_\_\_\_\_ Account #: \_\_\_\_\_

Amount of subsidy: \$ \_\_\_\_\_ Account #: \_\_\_\_\_

Please Note: All cost sharing requests require prior approval. Cost sharing requests include any course releases paid through University funds and must be listed above for approval. Requests for agency course "buy-out" also require prior approval for planning purposes. Cost sharing policy: <http://www.siu.edu/research/researchpolicies/cost.shtml>

Is cost sharing required by the sponsor in the solicitation or program guidelines? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If cost sharing is **not** required by the sponsor, justification is required. Please use space below:

Justification:

Cost Share Account Fiscal Officer Signature \_\_\_\_\_

**5. INSTITUTIONAL AND REGULATORY COMPLIANCE INFORMATION**

SIUE Review Board approval:	<b>Required?</b>		<b>If yes, forms submitted?</b>	
Human Subjects:	Yes:	No:	Yes:	No:
Animal Care:	Yes:	No:	Yes:	No:
Biohazardous Materials Use:	Yes:	No:	Yes:	No:
Hazardous Waste:	Yes:	No:	Yes:	No:
Radiological Control:	Yes:	No:	Yes:	No:

**Export Controls**

Is travel outside of the US required (conferences exempt)?	Yes:	No:
Will equipment, material or encryption software be shipped out of the US?	Yes:	No:
Are foreign (non U.S.) subrecipients/subcontractors/collaborators/students involved?	Yes:	No:
Is proprietary information from other entities involved in this project?	Yes:	No:

If you answered "yes" to any of the above, please describe (use space below; attach additional pages if necessary):

Explanation:

**6. INFRASTRUCTURE/FACILITIES**

Does the project ...

a) require special space or facilities?	Yes:	No:
b) require the renovation of existing space or facilities?	Yes:	No:
c) require hardware/software technical support from ITS?	Yes:	No:
d) include agency funded effort (buyout) during the academic year?	Yes:	No:
e) include agency funded summer salary?	Yes:	No:

If you answered "yes" to any of the above, please describe (use space below; add additional pages if necessary):

Explanation:

**7. TEAM SIGNATURES**

Conflict of Interest: I agree to abide by current University and federal policies on conflict of interest, intellectual property, the use of human subjects, and vertebrate animals in research, and other University research policies as appropriate. I certify that the required actions regarding compliance with these policies have been taken. A potential conflict of interest (check one) \_\_\_\_\_ does or \_\_\_\_\_ does not exist. A Conflict of Interest Disclosure has been filed if one is required.

Data Retention: I hereby also certify that I have read the SIUE data retention policy and that such data will be retained and available for access by the University and sponsor for the duration of the awarded project period and for a period of five (5) years following project closeout.

Director/PI	Date	Co-I	Date
Co-I	Date	Co-I	Date

**8. COMMENTS (attach additional pages if necessary)**

**9. INSTITUTIONAL APPROVALS**

The attached proposal has been examined and approved by the officials whose signatures appear below. THESE SIGNATURES INDICATE THAT THE SIGNERS ARE FAMILIAR WITH THE PROPOSAL AND, EXCEPT AS NOTED AND INITIALED IN THE REMARKS SECTION, ARE SATISFIED WITH AND RESPONSIBLE FOR ALL COMMITMENTS IN THE PROPOSAL AS THEY RELATE TO THEIR AREAS.

School/College Approvals	
Department Chair or Supervisor (PI)	Date
Dean or Director (PI school/college)	Date
Department Chair or Supervisor (Co-I)	Date
Dean or Director (Co-I)	Date
Department Chair or Supervisor (Co-I)	Date
Dean or Director (Co-I)	Date
Other School/College Review	Date

ORP and Other Administrative Offices	
Other School/College Review	Date
Other School/College Review	Date
Office of Research and Projects	Date
Research & Projects Fiscal Mgmt.	Date
Associate Provost for Research	Date
Associate General Counsel	Date
Provost/Vice Chancellor	Date