



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

* **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 _____

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 _____