

Illinois State University ~ Research & Sponsored Programs ~ Proposal Submission Form**Sponsored Programs Office Use Only**

(Time & Date Rec'd in RSP Office)

Sponsored Programs
Submission Sign-Off _____ Date Mailed/electronically submitted _____

RSP No. _____

Restricted Acct. No. _____

Original Budget Period _____ To _____

Agency No. _____

Type: Federal Federal Flow Through State Corporate Other**NOTE: RSP REQUIRES THREE WORKING DAYS TO PROCESS GRANT PROPOSALS OR CONTRACTS. WE RECOMMEND 5-10 DAYS FOR GRANTS.GOV SUBMISSIONS.** You are responsible for providing a proposal for final processing through the RSP that conforms to agency guidelines and for informing appropriate RSP staff of specific requirements. A copy of the agency guidelines (RFP) must be attached.Has your College Research Coordinator (CRC) reviewed this project? Yes No**I. Principal Investigator (PI)/(Co-PI) Information**

PI
Name _____ Dept. _____ Email _____

Telephone _____ Mail Code _____ Fax _____ % of Project Participation _____ %

Co -PI
Name _____ Dept. _____ % of Project Participation _____ %

Co -PI
Name _____ Dept. _____ % of Project Participation _____ %

Co -PI
Name _____ Dept. _____ % of Project Participation _____ %

Fiscal Agent Name _____ Email _____ Total should equal 100%

II. Project Information

Project Title _____

Funding Source/ Agency _____ First Year Amount \$ _____

Agency Contact Person _____ Fax/ Phone _____ Total Amount \$ _____

III. Submission Information

Submission Deadline Date: Electronic Submission _____ Postmarked _____ On-Site _____ No. of Copies Required: Original + _____

Proposal Mailing Address:
To Be Sent To _____

Address _____

Submission Type (check all that apply) New Continuation/ Renewal Supplemental Resubmit Pre-Proposal Other

Classification: (check one) Instruction Research Public Service Other

Project Based: (check one) On Campus Off Campus
A project is considered on-campus if the majority of (non-subcontract) project activity and direction takes place in a facility owned by the university or the project utilizes significant university on-campus resources.

Project Summary: Please provide a one or two sentence non-technical summary of your project: _____

IV. Special Needs (please check all that apply and submit appropriate appendices or forms as indicated)

<input type="checkbox"/> Salary Issues/Personnel Appointments (Appendix A)	<input type="checkbox"/> Use of Hazardous Chemicals/Waste (Appendix E)	<input type="checkbox"/> Use of Human Subjects (IRB Form not required until time of award)
<input type="checkbox"/> Indirect Cost Rate (Appendix B-1) Required	<input type="checkbox"/> Use of Radioactive Isotopes (Appendix E)	<input type="checkbox"/> Use of Animals (IACUC Form not required until time of award)
<input type="checkbox"/> Indirect Cost Split (Appendix B-2)	<input type="checkbox"/> Development of Subcontracts/MOUs (Subcontract/MOU Form)	<input type="checkbox"/> Use of Recombinant DNA
<input type="checkbox"/> Proposal Involves Cost Sharing (Appendix C)	<input type="checkbox"/> Contract Course/Tuition Waivers (Tuition Waiver/Course Fee Form)	<input type="checkbox"/> Special Audit
		<input type="checkbox"/> URG Support Received

Signature required prior to Grants Accounting review if applicable.

<input type="checkbox"/> Special Technology Resources (Attach Appendix D) <input type="checkbox"/> No <input type="checkbox"/> Yes	Additional Space needs <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach description of needs)
_____	_____
Mark Walbert	Charles McGuire

V. PRINCIPAL INVESTIGATOR/Co-PI RESPONSIBILITY

Significant Financial Interest Disclosure (Required for each project employee)
 Do you, your spouse/partner, or any member of your family now have, or expect to have during the term of the sponsored project, (a) any significant* financial interest in any business entity either sponsoring this research or substantially related to the subject matter of the proposal, or (b) any other interest that might be perceived to bias the activities described in this application? ** If you need more lines, please print this page as needed.

PI Name _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Initials
Co-PI Name _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Initials
Co-PI Name _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Initials
Co-PI Name _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Initials

Check yes or no and initial

Significant defined as aggregate (self, spouse/partner, family members) annual income of \$10,000/ more, or ownership/stock interests of 5% or more.
 **At time of award, project employees answering yes to any questions above may need to file a disclosure "Significant Financial Interests Disclosure" form through RSP before the award is accepted. See ISU Policy 7.1.1 Significant Financial Interest Disclosure.

Institutional Compliance Assurance – Submission

It is understood that if an award results from this application, I (We) will conduct the project in accordance with the terms and conditions of the sponsoring agency and the policies of the University, and I (We) will be fully responsible for meeting the requirements of the award, including providing the proper stewardship of sponsored funds, monitoring performance of any subaward or subcontracts, submitting all technical reports and deliverables on a timely basis, and properly disclosing all inventions to the Associate Vice President for Research, in accordance with Federal policy or contractual terms.

The Principal Investigator/Co-PI certify the following:
 I (We) certify that the information submitted within this application is true, complete and accurate to the best of my (our) knowledge,
 I (We) understand that any false, fictitious, or fraudulent statements or claims may subject me (us) to criminal, civil, or administrative penalties,
 I (We) agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

ALL INVESTIGATORS/PROJECT DIRECTORS MUST SIGN:

_____	Date	_____	Date
Principal Investigator/Project Director		Co-PI/Project Director	
_____	Date	_____	Date
Co-PI/Project Director		Co-PI/Project Director	
_____	Date	_____	Date
Co-PI/Project Director		Co-PI/Project Director	
_____	Date	_____	Date
Co-PI/Project Director		Co-PI/Project Director	

VI. BUDGET REVIEW: Please attach a copy of the final project budget to this form. Budget must be reviewed and approved by the Comptroller's Office **BEFORE** obtaining institutional signatures. Call 438-3290 or 438-5694 for an appointment.

To be completed by Grants Accounting Area:

	Current Period	Total Period (for multi-year)		Current Period	Total Period (for multi-year)
Requested Start Date	_ / _ / _	_ / _ / _	Direct Costs	\$ _____	\$ _____
Requested End Date	_ / _ / _	_ / _ / _	F/Ad Costs	\$ _____	\$ _____
			Total	\$ _____	\$ _____

Total cost share committed by Dept/Colleges _____ * See Appendix C for details

NOTES:

Grants Accounting Signature/Date

VII. DEPARTMENT/COLLEGE APPROVALS: By signing this form, the chair and dean (or appropriate director) confirm that the project is academically appropriate and consistent with ISU's mission and that necessary personnel and/or resources are or will be available if an award results from this proposal. If an interdisciplinary project, signature also indicates approval of the facilities and administrative split indicated in Appendices B-2 & C of this form.

Department Chairperson Date

Dean of the College Date

Department Chairperson Date

Dean of the College Date

Department Chairperson Date

Dean of the College Date

Department Chairperson Date

Dean of the College Date