

# 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 \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Agency  
Contact Person \_\_\_\_\_

Fax/  
Phone \_\_\_\_\_

### 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) <b>Required</b>	<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"/> Special Technology Resources (Appendix D)	<input type="checkbox"/> URG Support Received	<input type="checkbox"/> Remodeling of Space

**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 \_\_\_\_\_  No  Yes \_\_\_\_\_ Initials

Co-PI Name \_\_\_\_\_  No  Yes \_\_\_\_\_ Initials

Co-PI Name \_\_\_\_\_  No  Yes \_\_\_\_\_ Initials

Co-PI Name \_\_\_\_\_  No  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:**

\_\_\_\_\_  
Principal Investigator/Project Director Date

\_\_\_\_\_  
Co-PI/Project Director Date

\_\_\_\_\_  
Co-PI/Project Director Date

\_\_\_\_\_  
Co-PI/Project Director Date

\_\_\_\_\_  
Co-PI/Project Director Date

\_\_\_\_\_  
Co-PI/Project Director Date

\_\_\_\_\_  
Co-PI/Project Director Date

\_\_\_\_\_  
Co-PI/Project Director Date

**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	\$ _____	\$ _____
			<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

**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
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