

Submit complete application packet to ORP at least 5 working days before the agency deadline per Policy 5B2 (► www.siu.edu/policies/5b2.shtml ◀).

ORP ADMINISTRATIVE USE ONLY:

Originals filed with RPFM; copies to: 1) ORP; 2) Project Director (PI); 3) Dean/Director; 4) Chair/Supervisor

Project ID# _____ Submission Date: _____ Database: _____

Name of Pre-Award Research Administrator who has reviewed budget: _____

1. ROUTING INFORMATION

Is this a proposal?

Yes: ☐ No: ☐

If yes, is it a resubmission?

Yes: ☐ No: ☐

If yes, is it connected to an internal grant from the Graduate School?

Yes: ☐ No: ☐

For which program/year? _____

Is this an award?

Yes: ☐ No: ☐

Was a proposal submitted to the sponsor?

Yes: ☐ No: ☐

Was a proposal routed to ORP?

Yes: ☐ No: ☐

SUBAWARDS and SUBCONTRACTS

Does the budget include subaward or subcontract? Yes: ☐ No: ☐

Name the subawardee: _____

If your project contains Subawards or Subcontracts:

a. Complete ► Subrecipient vs. Contractor Form ◀ and attach.

b. Complete ► Letter of Intent to Establish a Subagreement ◀, attach.

(Letter of Intent needed only for Subrecipients)

2. PROJECT TEAM (attach additional pages as appropriate)

Name (PI): _____ Dept: _____ Email: _____

Rank: Rank selections: _____ School/College _____

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

Rank: Rank selections: _____ School/College _____

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

Rank: Rank selections: _____ School/College _____

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

Rank: Rank selections: _____ School/College _____

3. PROJECT INFORMATION

Project Title: _____

Sponsor Deadline: _____ Sponsor/Program: _____

Project Begin Date: _____ If this is a subaward, name Prime recipient: _____

Project End Date: _____

4. INFRASTRUCTURE/FACILITIES

Does the project ...

a) require new space or facilities? Yes: ☐ No: ☐

b) require the renovation of existing space or facilities? Yes: ☐ No: ☐

c) require new hardware/software or technical support from ITS? Yes: ☐ No: ☐

d) include Non Co-I Key Personnel? Yes: ☐ No: ☐

e) include agency funded effort during the academic year? Yes: ☐ No: ☐

f) include agency funded summer salary? Yes: ☐ No: ☐

If you answered "yes" to any of the above, provide details below.

For a, b, and c, provide evidence of Facilities Management and/or ITS approval for non-standard requests.

Explanation (additional space on Page 4):

GRANT AND CONTRACT ROUTING FORM
for PROPOSALS and AWARDS

5. BUDGET INFORMATION: Submit a copy of your proposal budget using this form or the ORP Budget Worksheet

Category	Sponsor	Cost Share
SIUE Personnel:		
Faculty	\$	\$
Staff	\$	\$
Students	\$	\$
Fac. Fringe Benefits	\$	\$
Staff Fringe Benefits	\$	\$
Travel:	\$	\$
Commodities/Supplies:	\$	\$
Contractual Services:	\$	\$
Equipment < \$5K:	\$	\$
Other Costs:	\$	\$
Subcontracts ≤ \$25K:	\$	\$
MODIFIED TOTAL DIRECT COSTS:	\$	\$
F&A Rate (%):	Unrecovered Indirect %	\$
INDIRECT COSTS:	\$	\$
Subcontracts > \$25K	\$	\$
Participant Training:	\$	\$
Equipment ≥ \$5K	\$	\$
TOTAL PROJECT COSTS:		\$

6. COST SHARING APPROVALS

If cost share is pledged, attach narrative justification. Include page references in sponsor guidelines to requirements.

All cost sharing request 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. SIUE's Cost Sharing Policy can be found at <http://www.siu.edu/policies/1m8.shtml>

Amount of cost share: \$ _____	Amount of cost share: \$ _____
Type of cost share: _____	Type of cost share: _____
BP#/Source: _____	BP#/Source: _____
Fiscal Officer (FO) Name: _____	Fiscal Officer (FO) Name: _____
FO Signature: _____	FO Signature: _____
Amount of cost share: \$ _____	Amount of cost share: \$ _____
Type of cost share: _____	Type of cost share: _____
BP#/Source: _____	BP#/Source: _____
Fiscal Officer (FO) Name: _____	Fiscal Officer (FO) Name: _____
FO Signature: _____	FO Signature: _____

7. ICR

ICR will be split equally between the schools/college. Yes ☐ No ☐ One unit only ☐ No ICR allowed ☐

If no, indicate below how the ICR will be split:

PI's school college signature by dean _____ %	Co-I's school college signature by dean _____ %
Co-I's school college signature by dean _____ %	Co-I's school college signature by dean _____ %

8. INSTITUTIONAL AND REGULATORY COMPLIANCE INFORMATION

SIUE Review Board Approval

		<i>If yes, are ► required forms◄ submitted?</i>	App. #
Is a Conflict of Interest or Commitment (COI) or a Financial Conflict of Interest (FCOI) disclosure required? ► Click here to view the policy ◄ Click here to download disclosure forms	Yes: <input type="radio"/> No: <input type="radio"/>	Yes: <input type="radio"/> No: <input type="radio"/>	_____
Is animal care required:	Yes: <input type="radio"/> No: <input type="radio"/>	Yes: <input type="radio"/> No: <input type="radio"/>	_____
Is hazardous waste generated?	Yes: <input type="radio"/> No: <input type="radio"/>	Yes: <input type="radio"/> No: <input type="radio"/>	_____
Are biohazardous materials used?	Yes: <input type="radio"/> No: <input type="radio"/>	Yes: <input type="radio"/> No: <input type="radio"/>	_____
Is radiological control needed?	Yes: <input type="radio"/> No: <input type="radio"/>	Yes: <input type="radio"/> No: <input type="radio"/>	_____
Are human subjects involved?*	Yes: <input type="radio"/> No: <input type="radio"/>	Yes: <input type="radio"/> No: <input type="radio"/>	_____

* Mark "yes" if your project is research and includes any type of surveying or interviewing.
► [Click here to view the definition of research](#) ◄

Compliance Officer review: _____

Responsible Conduct in Research

Will any students be paid on the grant? Yes: ☐ No: ☐

Restrictions and Other Compliance Matters

Does the sponsor claim rights to the intellectual property (IP)?	Yes: <input type="radio"/> No: <input type="radio"/>
Does the sponsor NOT guarantee the protection of IP during the review or funding process?	Yes: <input type="radio"/> No: <input type="radio"/>
Does the sponsor require compliance with the Federal Information Security Act?	Yes: <input type="radio"/> No: <input type="radio"/>
Are foreign (non-U.S.) subrecipients, subcontractors, or collaborators involved?	Yes: <input type="radio"/> No: <input type="radio"/>
Does the project involve receipt or purchase of any controlled item (hardware, software, materials, encryption software, or technical data)?	Yes: <input type="radio"/> No: <input type="radio"/>
Will there be a transfer of any controlled item (as defined above) internationally, i.e. an export?	Yes: <input type="radio"/> No: <input type="radio"/>
Is travel outside of the U.S. required to perform the scope of work?	Yes: <input type="radio"/> No: <input type="radio"/>
Is proprietary information from other entities involved?	Yes: <input type="radio"/> No: <input type="radio"/>
Does the sponsor restrict access to or dissemination of information the sponsor provides?	Yes: <input type="radio"/> No: <input type="radio"/>
Does the sponsor restrict disclosure or dissemination of results, including requiring pre-publication review?	Yes: <input type="radio"/> No: <input type="radio"/>
Are any personnel who may be used on the project or have access to the research restricted?	Yes: <input type="radio"/> No: <input type="radio"/>
Does the project involve source code for encryption software other than publicly-available software?	Yes: <input type="radio"/> No: <input type="radio"/>

If you answered "yes" to any of the above, provide details below.

Explanation (additional space on Page 4):

9. TEAM SIGNATURES

I agree to abide by current SIUE and federal policies. I certify that the required actions have been or will be taken to comply with these policies.

Conflict of Interest: I certify that I have read and understand ► SIUE's Policy 1Q9: Conflicts of Interest and Commitment ◄ and that I have filed a [Conflict of Interest Disclosure Form](#) or a [Financial Conflict of Interest Disclosure Form](#), if one is required.

Data Retention: I certify that I have read and understand the ► SIUE Data Retention Policy (click here) ◄ 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 5 years following project closeout.

PI _____ Date _____
Type/Print Name: _____

Co-I _____ Date _____
Type/Print Name: _____

Co-I _____ Date _____
Type/Print Name: _____

Co-I _____ Date _____
Type/Print Name: _____

10. COMMENTS

11. COMPLETE APPLICATION PACKET

Scope of work, abstract, or summary

Budget Justification

Budget

Relevant portions of sponsor guidelines and terms & conditions

12. INSTITUTIONAL APPROVALS

I certify that I am familiar with the proposal and, except as noted and initialed in the "comments" section, am satisfied with and responsible for all commitments in the proposal as they relate to my area.

School/College Approvals

1. Signature:

PI's Department Chair or Supervisor _____ Date _____

Type/Print Name: _____

2. Signature:

PI's Dean or Director _____ Date _____

Type/Print Name: _____

3. Signature:

Co-I's Department Chair or Supervisor _____ Date _____

Type/Print Name: _____

4. Signature:

Co-I's Dean or Director _____ Date _____

Type/Print Name: _____

5. Signature:

Co-I's Department Chair or Supervisor _____ Date _____

Type/Print Name: _____

6. Signature:

Co-I's Dean or Director _____ Date _____

Type/Print Name: _____

7. Signature:

Co-I's Department Chair or Supervisor _____ Date _____

Type/Print Name: _____

8. Signature:

Co-I's Dean or Director _____ Date _____

Type/Print Name: _____

9. Signature:

ORP and Other Administrative Offices

1. Signature:

Director of Grant Development _____ Date _____

2. Signature:

Director of Award Management _____ Date _____

3. Signature:

Associate Dean, The Graduate School _____ Date _____

4. Signature:

Associate Provost for Research _____ Date _____

5. Signature:

Associate General Council _____ Date _____

6. Signature:

Vice Chancellor _____ Date _____

Type/Print Name: _____

ORP Use Only

Acct #: _____

Agency Type: Federal Illinois Local IL Govt. Other State Industry Foundation Other: _____ ☐ FFL

RPFM Only Update ICR Update DB Update AIS Budget Date: _____

Entered by: _____