

Type: ☐ Research  
☐ Instruction  
☐ Public Service  
☐ Student Support  
☐ Academic  
☐ Institutional  
Classification: ☐ Basic  
☐ Applied  
☐ Development  
Other Tracking: ☐ BBR  
☐ Sustainability

**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 if relevant: \_\_\_\_\_

**1. ROUTING INFORMATION**

**SUBAWARDS and SUBCONTRACTS**

Was a proposal submitted to the sponsor? Yes: ☐ No: ☐

If no, fill in all of this form

If yes, what is the KR institutional

proposal (IP) number? \_\_\_\_\_

If yes, complete sections 9 and 12 of this  
form. If the budget must be modified also  
complete sections 5 and 6.

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 AWARDS**

**5. BUDGET INFORMATION:**

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:	\$	\$
<b>MODIFIED TOTAL DIRECT COSTS:</b>	\$	\$
F&A Rate (%):	Unrecovered Indirect %	\$
<b>INDIRECT COSTS:</b>	\$	\$
Subcontracts > \$25K	\$	\$
Participant Training:	\$	\$
Equipment ≥ \$5K	\$	\$
<b>TOTAL PROJECT COSTS:</b>		\$

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

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

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

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

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: ☐ No: ☐

If yes, are ► required forms◄ submitted?

Yes: ☐ No: ☐

App. #

Is animal care required:

Yes: ☐ No: ☐

Yes: ☐ No: ☐

Is hazardous waste generated?

Yes: ☐ No: ☐

Yes: ☐ No: ☐

Are biohazardous materials used?

Yes: ☐ No: ☐

Yes: ☐ No: ☐

Is radiological control needed?

Yes: ☐ No: ☐

Yes: ☐ No: ☐

Are human subjects involved?\*

Yes: ☐ No: ☐

Yes: ☐ No: ☐

\* 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: ☐ No: ☐

Does the sponsor NOT guarantee the protection of IP during the review or funding process?

Yes: ☐ No: ☐

Does the sponsor require compliance with the Federal Information Security Act?

Yes: ☐ No: ☐

Are foreign (non-U.S.) subrecipients, subcontractors, or collaborators involved?

Yes: ☐ No: ☐

Does the project involve receipt or purchase of any controlled item (hardware, software, materials, encryption software, or technical data)?

Yes: ☐ No: ☐

Will there be a transfer of any controlled item (as defined above) internationally, i.e. an export?

Yes: ☐ No: ☐

Is travel outside of the U.S. required to perform the scope of work?

Yes: ☐ No: ☐

Is proprietary information from other entities involved?

Yes: ☐ No: ☐

Does the sponsor restrict access to or dissemination of information the sponsor provides?

Yes: ☐ No: ☐

Does the sponsor restrict disclosure or dissemination of results, including requiring pre-publication review?

Yes: ☐ No: ☐

Are any personnel who may be used on the project or have access to the research restricted?

Yes: ☐ No: ☐

Does the project involve source code for encryption software other than publicly-available software?

Yes: ☐ No: ☐

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: \_\_\_\_\_