

PROPOSAL CHECKLIST

OFFICE OF SPONSORED PROJECTS ADMINISTRATION
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Proposal #: _____
Reviewed by: _____
Date: _____
Submission date: _____

Preproposal
Proposal
Proposal/Budget Revision
(_____)

New
Supplement _____
Continuation/Renewal _____
(Year ___ of ___)

Research
Training/Credit
Training/Non-Credit
Service
Other

Federal
State
Industry
Foundation
Other

PROJECT INFO

TITLE: _____

FUNDING AGENCY: _____ Announcement # _____

Deadline Date: _____	Received _____	Postmarked _____	F&A Cost Rate _____	F&A Cost \$ _____
Project Dates: _____ to _____			_____ % returned F&A to Dept. _____	
Amount Requested \$ _____			_____ % returned F&A to Dept. _____	
SIU Match \$ _____	Non-SIU Match \$ _____		_____ % returned F&A to Dept. _____	
If match is included, complete Cost Sharing section below.			_____ % returned F&A to Dept. _____	

Does this proposal include a subcontract? **No** **Yes:** If yes, proposal must include the subcontractor scope of work, budget and subcontractor's authorized administrative approval.

PERSONNEL

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR (PI/PD):

Lead PI/PD Department _____

Other PI/PD(s) Department _____

NON PI/PD PERSONNEL:

Name Department _____

Will compensation to any of these personnel be requested pursuant to the University's policy on overload or extra compensation? **Yes** **No**

EFFORT

SIUC-FUNDED EFFORT: Required Indicate the percentage of your total appointment that will be committed to this project **not including salary reported to the sponsoring agency**, whether as a salary request or cost share.

Name	% of Effort of PI's Total Appointment
_____	_____
_____	_____
_____	_____
_____	_____

COST SHARING

Is Cost Sharing included in proposal: **No** **Yes**
Is Cost Sharing Required by Agency: **No** **Yes**
Requesting match from the OVCR? **No** **Yes**

If cost share is being included in the proposal, attach the **Cost Share Request Form**.

This form must be **submitted to OSPA** with your checklist, not to the OVCR.

DOES THIS PROJECT INVOLVE:

Human Subjects? No Yes # _____ Human Stem Cell Research No Yes # _____
Vertebrate Animals? No Yes # _____ Have you read the SIUC Policy on Export Control? No Yes
Grad Students? No Yes # _____ Are you aware of any Export control issues with this proposal? No Yes
Undergrad Students? No Yes # _____ If yes, please fill out the Export Control Disclosure Form
Travel to, or Research in, a foreign country; a foreign collaborator; or export of any equipment or materials to a foreign location? No Yes
Are there Chemical or Biological Hazards, Controlled Substances or Dual Use Research of Concern involved in your project? No Yes If yes, click here.
Does this project involve the creation or modification of curriculum, hiring of faculty or other academic change? No Yes

Access to funding will be granted once above required approvals are in place.

PI/PD SIGNATURES

By signing below, you agree that you have read and approved the contents of this proposal checklist.

NOTE TO PI/PD(s): By signing this transmittal form, you are certifying that 1) the information submitted herein is true, complete, and accurate to the best of your knowledge; 2) any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties; 3) you agree to accept responsibility for the scientific conduct of the project and to provide progress reports as required by the funding agency; and 4) you are in conformance with SIUC's Conflict of Interest Policy and Financial Conflict of Interest on Federal Grants Policy.

I understand and acknowledge the following: a) if this proposal for external funding includes a request for 100% salary, regardless of the period and duration, from Federal, State, and/or other sponsored project(s), I certify that if this project is awarded, I will work exclusively on this project during that 100%-funded period; b) if such award is accepted, it would not allow for vacation/personal time/consulting, or for performing other University activities during the 100% funded period. I understand that any Personnel Request Form will reflect this commitment of effort and that failure to maintain adequate substantiating records, or failure to meet my effort commitments may constitute a violation of University and/or funding agency policy, and could result in serious consequences to the University and me.

Signature of Principal Investigator Date Signature of Principal Investigator
Printed Name of Principal Investigator Printed Name of Principal Investigator
Signature of Non PI/PD Personnel Date Signature of Non PI/PD Personnel
Printed Name of Non PI/PD Personnel Printed Name of Non PI/PD Personnel

FISCAL OFFICER SIGNATURE

By signing this checklist: 1) I confirm that the faculty/staff time commitment will be consistent with faculty/staff assigned effort in the department and will be within the maximum 100% time available for University duties should this proposal be funded; and 2) as a fiscal officer for Southern Illinois University, I agree to the following: (see Fiscal Officer Practices Memo.) a) I am responsible for maintaining the financial resources to meet all commitments and ensuring the propriety of all transactions requested to be posted to the account; b) I am responsible for providing all required information that is necessary for the appropriate maintenance of the University financial systems; c) I am required to follow all applicable rules, regulations, laws related to financial transactions and violation of these rules, regulations, laws may result in revocation of fiscal officership; d) I understand that entering into agreements that are beyond the scope of my authority as outlined by Board of Trustees policy may result in personal liability; and e) I may submit and validate my authorization of transactions for the University financial systems through electronic means. I am responsible for all fiscal transactions authorized by my electronic signature. It is my responsibility to protect the confidentiality of my unique log-on account and password for these systems.

Signature of Project Fiscal Officer Date Printed Name of Project Fiscal Officer

OTHER REQUIRED SIGNATURES

As a Unit Officer for Southern Illinois University, I agree to the following: 1) If a Fiscal Officer under my unit responsibility terminates employment with the University, I will reassign the fiscal officer responsibility for each of their accounts to another active University employee; 2) If the accounts are not reassigned within 30 days of the resignation/separation date of the Fiscal Officer, they will be automatically reassigned to the Unit Officer; 3) I have thoroughly reviewed this checklist and accompanying documents and approve the proposed scope of work, level of faculty effort, and budget.

Signature of Chair/Unit Officer Date Signature of Chair/Unit Officer Date
Printed Name of Chair/Unit Officer Printed Name of Chair/Unit Officer
Signature of Dean/Next Level of Authority Date Signature of Dean/Next Level of Authority Date
Printed Name of Dean/Next Level of Authority Printed Name of Dean/Next Level of Authority
Other Required Approvals Date Other Required Approvals Date