

(OSPA USE ONLY)

PROPOSAL CHECKLIST
OFFICE OF SPONSORED PROJECTS ADMINISTRATION
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Proposal #:
Account #:
GCA #:
Budget Reviewed by:
Date:

Preproposal
Proposal
Proposal/Budget Revision
()

New
Supplement
Continuation/Renewal
(Year or)

Research
NSF Code
Training/Credit
Training/Non-Credit
Service

Federal
State
Industry
Foundation
Other

PROJECT INFO

TITLE:

FUNDING AGENCY: Announcement #

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

CENTER AFFILIATION

Center for Ecology
Materials Technology Center
Center for Fisheries, Aquaculture & Aquatic Sciences
Cooperative Wildlife Research Laboratory
Neuroscience Research Center
STEM Education Research Center
Yes No Director Signature

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 paid 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. If all of your time is charged to the project and paid by the sponsor as salary or is budgeted as cost share and no additional time is allocated to this project, indicate zero.

Name % of Effort of PI's Total Appointment

COST SHARING OTHER THAN CONTRIBUTED EFFORT

Is Cost Sharing Required by Agency: No Yes
If No, cost sharing by SIUC is not allowed without a completed Voluntary Cost Share Waiver Request.
If Yes, or with an approved Waiver Request, attach the Cost Sharing Commitment Form if you are including cost share other than effort or waived indirect.
Requesting match from the OVCR? No Yes
If Yes, 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		Is this a Federally Funded research project?	No	Yes	
				If yes, a Financial Conflict of Interest Form may be required prior to proposal submission. If funded, FCOI training may be required.			
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 proposal include the use or development of an unmanned aerial system (UAV, drone)?	No	Yes	
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.

If yes, approval from the Provost is required below.

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 OFFICE 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 electron 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 Office	_____ Date	_____ Printed Name of Project Fiscal Officer
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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	_____ Director, Office of Sponsored Projects Administration	_____ Date
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Proposal Submission Date _____ Copies Sent: _____ **Submission Method:** 1st Class Overnight FastLane Grants.gov PI

SUBMISSION INSTRUCTIONS

To SUBMIT Electronic Checklist:

PI: Complete required fields select "Save As" to save file to your computer. E-mail the checklist to your Chair/Unit Officer making sure you attach your proposal and budget files. Also attach the export control form and financial conflict of interest forms if required.

Chair/Unit Office: Review, approve and sign the completed Checklist. Select "Save As" to save files to your computer. Email the checklist to the Dean/Next Level of Authority with all the attachments.

Dean/Next Level of Authority: Review, approve and sign the completed Checklist. Select "Submit to OSPA." The completed checklist will then be forwarded to OSPA for handling via email. Please make sure you attach all applicable files.

If preferred, hard copies of the checklist can be submitted to the Office of Sponsored Projects Administration, Woody Hall C206.