

**PROPOSAL/AWARD CHECKLIST**  
**OFFICE OF RESEARCH DEVELOPMENT AND ADMINISTRATION**  
**SOUTHERN ILLINOIS UNIVERSITY AT CARBONDALE**

Proposal #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 GCA #: \_\_\_\_\_

- |                                                              |                                                                              |                                              |                                        |
|--------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Preproposal                         | <input type="checkbox"/> New                                                 | <input type="checkbox"/> Research            | <input type="checkbox"/> Federal       |
| <input type="checkbox"/> Proposal                            | <input type="checkbox"/> Supplement _____                                    | <input type="checkbox"/> Training/Credit     | <input type="checkbox"/> State         |
| <input type="checkbox"/> Proposal/Budget Revision<br>(_____) | <input type="checkbox"/> Continuation/Renewal (_____)<br>(Year ____ of ____) | <input type="checkbox"/> Training/Non-Credit | <input type="checkbox"/> Industry      |
|                                                              |                                                                              | <input type="checkbox"/> Service             | <input type="checkbox"/> Foundation    |
|                                                              |                                                                              |                                              | <input type="checkbox"/> Other (_____) |

**PROJECT TITLE:** \_\_\_\_\_

PI/PD	DEPARTMENT	Contributed % Effort	PI/PD	DEPARTMENT	Contributed % Effort
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SPONSOR:** \_\_\_\_\_ **Announcement #** \_\_\_\_\_

Proposal/Budget Reviewed by: _____ Date: _____	F&A Cost Rate _____% of _____ F&A Cost \$ _____
Deadline Date _____ <input type="checkbox"/> Received <input type="checkbox"/> Postmarked	_____ % of effort/returned F&A to Dept. _____
Project Dates _____ to _____	_____ % of effort/returned F&A to Dept. _____
Amount Requested \$ _____	_____ % of effort/returned F&A to Dept. _____
SIU Match* \$ _____ Non-SIU Match \$ _____	_____ % of effort/returned F&A to Dept. _____

\*SIU Match (specify source) \_\_\_\_\_

**For ORDA Use Only**

**Was the Agency informed of match?**  No  Yes: **Are the matching funds required for a federal project?**  No  Yes:  
 (If Yes, Attach Approved Budget)

**Cash Match:**

	Year 1		Year 2		Year 3		Year 4		Year 5
VCR	Other	VCR	Other	VCR	Other	VCR	Other	VCR	Other
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Amount Awarded \$ \_\_\_\_\_ Award Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

SIU Match \$ \_\_\_\_\_ Sponsor Reference # \_\_\_\_\_

Non-SIU Match \$ \_\_\_\_\_ Current Award Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Facility & Admin Cost \$ \_\_\_\_\_ Overall Project Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

F&A Cost Rate \_\_\_\_\_ % of \_\_\_\_\_ Match Comments \_\_\_\_\_ Prior \_\_\_\_\_

ORDA Comments \_\_\_\_\_

Agreement Type:  Fixed Fee;  Cost Reimbursement;  Grant-in-Aid;  Other (see comments) NSF Code \_\_\_\_\_

CFDA # \_\_\_\_\_  FFT funds ( \_\_\_\_\_ )  International ( \_\_\_\_\_ )

PI: \_\_\_\_\_ Sponsor: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**PI Complete Before Signing**

**Does this project involve:**

Space alterations or additions?  No  Yes

If yes, attach an explanation signed by the PI, chair, and dean.

Non-SIU match?  No  Yes If yes, include letter of intent specifying dollar value of commitment.

A subcontract?  No  Yes If yes, proposal must include the subcontractor's scope of work, budget and subcontractor's authorized administrative approval.

	Required?	Review Date
Human Subjects?	<input type="checkbox"/>	_____
Vertebrate Animals?	<input type="checkbox"/>	_____ # _____
Radiological Control?	<input type="checkbox"/>	_____
Biological Hazards?*	<input type="checkbox"/>	_____
*Human blood, recombinant DNA, or other potentially hazardous biological materials.		
Stem Cell Research?	<input type="checkbox"/>	_____

ITAR/EAR?  No  Yes:  Use of Foreign Nationals  
 Covered Technology

**Potential Conflict of Interest (Required for each project employee)** Do you or does any member of your immediate family now have, or expect to have during the term of the sponsored project, any significant financial interest in any business entity:

- a. Sponsoring this research?  No  Yes
- b. Whose business is substantially related to the subject matter of the proposal?  No  Yes
- c. That could reasonably be expected to bias the activities described in this application?  No  Yes

"Significant" is defined as annual income of \$10,000 or more, or ownership/stock interests of 5% or more. Project employees answering yes to any question above must fill out an "Annual Disclosure Report of Proposed Non-University Activities and Financial Interests" and return the form to ORDA before the proposal is submitted.

**SIGNATURES**

**NOTE TO PRINCIPAL/CO-PRINCIPAL INVESTIGATOR(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, and 4) you have submitted a listing of your known Significant Financial Interests (and those of your spouse and dependent children) that might reasonably appear to be affected by the research being proposed.

\_\_\_\_\_  
Signature of Principal Investigator (date)

\_\_\_\_\_  
Signature of Principal Investigator (date)

\_\_\_\_\_  
Signature of Principal Investigator (date)

\_\_\_\_\_  
Signature of Principal Investigator (date)

**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:**

- 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.
- e. I may submit and validate my authorization of transactions for the University financial systems through electronic means. Such authorizations are considered electronic signatures and are binding under Illinois law. 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.

**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.

\_\_\_\_\_  
Signature of Project Fiscal Officer (date)

\_\_\_\_\_  
Other Required Approvals (date)

\_\_\_\_\_  
Signature of Chair/Unit Officer (date)

\_\_\_\_\_  
Signature of Chair/Unit Officer (date)

\_\_\_\_\_  
Signature of Dean/Next Level of Authority (date)

\_\_\_\_\_  
Signature of Dean/Next Level of Authority (date)

\_\_\_\_\_  
Other Required Approvals (date)

\_\_\_\_\_  
Associate Vice Chancellor for Research (date)

**For ORDA Use Only**

Proposal Mail Date \_\_\_\_\_

Mail Type:  1st Class  Overnight  FastLane  Grants.gov  PI  Other (see below)

Copies Sent:

FEC: Date \_\_\_\_\_

Award \_\_\_\_\_