

PROJECT IDENTIFICATION

Principal Investigator Department College Phone Number

Co-Principal Investigator Department College Phone Number

Project Title

Prime Sponsor Program Name Agency Deadline

Subcontract From (if applicable)

ARRA Stimulus Funds? Gulf Oil Spill R&R?

Agency Type: Application Type: Award Type: RFA/RFP #: _____

- PROJECT TYPE:** Basic Research Applied Research
 Development Conference/Workshop Training/Instruction
 Fellowship Other _____

Basic Research - Research undertaken primarily to acquire new knowledge without any particular application or use in mind.
Applied Research - Research conducted to gain the knowledge/understanding to meet a specific, recognized need.
Development - The systematic use of the knowledge/understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including the design & development of prototypes & processes.

If not a new application, please provide relevant grant or contract number and Tulane account number _____

BUDGET INFORMATION

TOTAL DOLLARS REQUESTED	
Direct:	\$ _____
Indirect:	\$ _____
Total:	\$ _____

PROJECT PERIOD	
Start Date:	_____
End Date:	_____

- Yes No Draft budget reviewed by Tulane Sponsored Projects Administration?
- Yes No Project will recover indirect costs at negotiated university rate? (If no, attach copy of guidelines that indicate agency's indirect cost policy.)
- Yes No Project involves release from teaching?
- Yes No Project involves academic year salary relief? (If yes, provide amount of relief _____)
- Yes No Project involves commitment to cost sharing? (If yes, the attached cost sharing commitment form must be completed)
- Yes No Is purchase of equipment with an acquisition cost of \$2,500 or greater anticipated?
- Yes No If equipment is required, have you checked to ensure that the equipment listed in this proposal is not reasonably available and accessible to the project?
- Yes No Does proposal involve TUHSC personnel?
- Yes No If TUHSC personnel are involved, has the proposal been routed through TUHSC?
- Yes No Does project involve issuing a subcontract to another institution? If yes, attach a letter of commitment and an approved budget from the subcontract institution.
- Yes No Is additional space required to complete this project, or does the project involve alteration or renovation of space? If yes, attach indication of Provost commitment to the space needs.

PROJECT DATA

PROJECT FOCUS AREA

Is the subject of this proposal related to:

- Cancer (Tulane Cancer Center)
- Environmental Research
- Interdisciplinary Studies
- Infectious Diseases/ AIDS
- Women's Health
- Community/ Urban
- Gene Therapy
- Neurosciences
- Other _____
- International Focus (if yes, countries involved) _____

PROJECT CLEARANCE/RESTRICTIONS

Will this project require or result in:

- Use of Human Subjects
- Use of Animals
- Hazardous Substances
- Radiological Materials
- Select Agents/Toxins
- Recombinant DNA*
- Restrictions on Publication of Research Results, Patents, or Copyrights
- Other Restrictions _____

*Submit Application for Approval of Non-Exempt rDNA Research to Institutional Biosafety Committee

- Yes No If proposal is to a commercial organization or foundation, has clearance been obtained from the Tulane Development Office?

PRINCIPAL INVESTIGATOR ASSURANCE:

By signing below I certify that **1)** all persons involved in the conduct of this project are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency; and **2)** I agree to accept responsibility for the conduct of this project, to be bound by the terms, conditions and reporting requirements of any award agreement which supports this activity and by Tulane policies; and **3)** to the best of my knowledge, the information submitted in this proposal is true, complete and accurate; and any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

PRINCIPAL INVESTIGATOR COI AFFIRMATION:

By signing below I certify that **1)** I have read, understand and will abide by Tulane's [Policy on Conflicts of Commitment and Interest](#); **2)** I have an up to date disclosure on file with the university and, **3)** Key Personnel named on the proposal and other investigators who I consider to be responsible for the design, conduct and reporting of this project have complied with all federal and university requirements for disclosure of any potential conflicts of interest related to this project.

Date

Principal Investigator (*signature*)

REQUIRED UNIVERSITY APPROVALS

The signatures below indicate review of the above named proposal, confirmation that it is consistent with departmental, college or university mission, practices and priorities, and approval of all commitments described in the proposal including those involving space, equipment, personnel, release time, cost sharing and conflict of interest.

Date Date
Received Signed

_____ _____ _____
Department Chairperson/Head

_____ _____ _____
Dean

_____ _____ _____
Sponsored Projects Administration

COST SHARE COMMITMENTS

Cost sharing commitments require approval from the committing unit (e.g., Dept. Chair, Dean, etc.) Please allow an additional week for proposal processing unless such approval has been obtained prior to submission to Sponsored Projects Administration.

RFP Cost Share Requirement: _____

	AMOUNT:	TO BE PROVIDED BY:	SIGNATURE(s):	DATE:
Salary/Stipend/Fringe	\$ _____	_____	_____	_____
Salary/Stipend/Fringe	\$ _____	_____	_____	_____
Grad. Tuition Waiver	\$ _____	_____	_____	_____
Equipment	\$ _____	_____	_____	_____
Equipment	\$ _____	_____	_____	_____
Indirect Costs ***	\$ _____	_____	_____	_____
Other	\$ _____	_____	_____	_____
Other	\$ _____	_____	_____	_____

TOTAL: \$ _____

If the project is funded at a reduced level, Tulane University reserves the right to renegotiate the amount of the cost-sharing commitment. This or similar language should be included in your budget justification for this cost share commitment.

***** University policy does not allow cost sharing of indirect costs unless required by the funding agency. A copy of the written agency requirement must be provided before the request will be considered.**

For Sponsored Projects Administration Use Only:

Rev. 06/02/16

Proposal Number: _____

Account Number: _____

SPONSORED PROJECTS ADMINISTRATION COMMENTS ON PROPOSAL:
