



# Office of Research and Sponsored Programs Internal Proposal Approval Form

Revision Effective Date:  
9/15/2025



The university administration must approve all proposals before submission. Submit this **signed form and final drafts** of all proposal documents to ORSP at least **TEN FULL (10) WORKING DAYS** before the postmark or electronic receipt date. The entire proposal package must be submitted to ORSP prior to administrative routing and approval. Provide ORSP with final versions of electronic file(s) at least **FIVE (5) WORKING DAYS** before the agency deadline.

PROPOSAL ID \_\_\_\_\_

## PROJECT INFORMATION

Project Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

PI's Home Department / Center: \_\_\_\_\_

Department/Center facilitating submission: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency/Sponsor: \_\_\_\_\_

Prime Sponsor (If applicable): \_\_\_\_\_

Program Name: \_\_\_\_\_

Assistance Listing # (formerly CFDA) If applicable: \_\_\_\_\_

Project Start Date (MM/DD/YY): \_\_\_\_\_ Ending Date (MM/DD/YY): \_\_\_\_\_

Proposal Type: \_\_\_\_\_

Discipline Category: \_\_\_\_\_

Activity Type: \_\_\_\_\_

☐ No ☐ Yes Is this proposal a submission from a UL Lafayette academic unit with collaborative effort involving one or more UL Lafayette University Research Center(s)? If yes, indicate collaborating center(s):  
1) \_\_\_\_\_ 2) \_\_\_\_\_

☐ No ☐ Yes Does this project require use of a UL Lafayette Center or Facility not under your Control? (ex. Microscopy Center, LITE, LAC) If yes, indicate center, lab or facility and attach authorization and usage quote from Director of the center, lab, or facility:  
1) \_\_\_\_\_ 2) \_\_\_\_\_

☐ No ☐ Yes Does this proposal contain confidential information? If yes, indicate page number(s): \_\_\_\_\_

### SUBMISSION INSTRUCTIONS

Due Date (MM/DD/YY): \_\_\_\_\_

Time: \_\_\_\_\_

#### ☐ Electronic Submission:

☐ Website: \_\_\_\_\_

☐ Email: \_\_\_\_\_

☐ Submission by PI

#### ☐ Hard Copy Submission:

#### ☐ Internal Routing Only

### (ORSP Use Only)

RECEIVED by: \_\_\_\_\_ (initials)

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

Time: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Banner entry: \_\_\_\_\_ (initials)

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

## COMPLIANCE INFORMATION

Please select all appropriate responses. Does this project involve:

### Regulatory Compliance

- ☐ human subjects?
- ☐ animal subjects?
- ☐ radioactive materials / radiation?
- ☐ biohazards or rDNA?
- ☐ use of lasers on campus?

### Travel / Foreign Workers / Proprietary Information

- ☐ travel outside of the U.S.? Location: \_\_\_\_\_
- ☐ collaboration with, purchases from, or export to any foreign entity?
- ☐ proprietary, restricted, or export-controlled information to be received on campus?
- ☐ any non-U.S. citizen or non-U.S. permanent resident to be employed by or to have access to this project? Specify: \_\_\_\_\_

## BUDGET INFORMATION

BUDGET SUMMARY	
Total Funds Requested from Sponsor:	\$
University Cost Share:	\$
Third-Party Contributions:	\$
<b>TOTAL BUDGET:</b>	<b>\$</b>

### F&A RATE and RECOVERY:

- ☐ Full Recovery  
(based on activity & location)
- ☐ Agency Limitation  
(attach documentation of Sponsor Policy) **Rate (%)**: **Base**:
- ☐ Voluntary Waiver/ Reduction Requested  
(attach [F & A Waiver/ Reduction Request Form](#)) **Rate (%)**: **Base**:
- ☐ University Policy – direct costs \$10,000 or less, rate waived

☐ No ☐ Yes **Amount:** \$

# of subs

☐ No ☐ Yes **Amount:** \$

☐ No ☐ Yes **Amount:** \$

**SUBAWARDS/SUBCONTRACTORS:** Does the project budget include funds for subawards/subcontracts? If yes, attach letter of collaboration, scope of work, and budget/budget justification endorsed by an official of that organization. See template [Letter of Collaboration](#) on the ORSP website.

**COST SHARING/MATCHING:** Does the proposal budget include cost sharing or matching funds from a University source? If yes, please complete the [Cost Share/Matching Funds Approval Form](#) and attach.

**THIRD-PARTY CONTRIBUTIONS:** Does the project budget include contributions from third parties? If yes, attach letter of commitment from each entity providing a contribution. See template [Letter of Commitment](#) on the ORSP website.

## PROJECT PERSONNEL

Include information about UL Lafayette employees only. Use <a href="#">Additional Investigator Attachment Form</a> if more space is needed. Also, it is important to note:					Academic Year (9-month employees)	Calendar Year (12-month employees)	Summer Effort (9-month employees)
Person/Department	Employee Type	Role in Project	Project Credit (Column must total 100%)	If funded, will project impact teaching load or other work duties? If so, how?	Charged to Sponsor (as a % of time)	UL Lafayette Cost Share (as a % of time)	Charged to Sponsor (# of Months)
Name: ULID: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes if yes, how:	%	%	
Name: ULID: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes if yes, how:	%	%	
Name: ULID: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes if yes, how:	%	%	
Name: ULID: Dept:	<input type="checkbox"/> 9 mon. <input type="checkbox"/> 12 mon.	<input type="checkbox"/> PI <input type="checkbox"/> Co-PI <input type="checkbox"/> Other	%	<input type="checkbox"/> No <input type="checkbox"/> Yes if yes, how:	%	%	

☐ No ☐ Yes **EXTRA COMPENSATION:** Is extra compensation requested for a University employee? (e.g., additional compensation to a faculty member during the academic year). Note: Summer salary for 9-month employees is not extra compensation. Please review the extra compensation policy in the Faculty Handbook. IF YES, this must be disclosed to the sponsor at the proposal stage and requires sponsor's prior approval.

## CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

**IMPORTANT NOTE:** If this a submission to NSF or PHS (including NIH) the [Financial Conflict of Interest Assurance and Disclosure Form](#) is required for all investigators regardless of the answers to the following questions.

- ☐ No ☐ Yes Aside from salary or royalties that would be earned from possible inventions resulting from this project, will any participating faculty, staff or students (or family members) derive any other economic benefits from the project? If yes, the impacted individuals must complete the Financial Conflict of Interest Assurance and Disclosure Form.
- ☐ No ☐ Yes Do any participating faculty, staff, or students (or family members) currently have or have had in the past three (3) years any financial interest related to an entity involved with this externally sponsored project or their institutional responsibilities generally, including the existence of a consultant or contractual relationship? If yes, the impacted individuals must complete the Financial Conflict of Interest Assurance and Disclosure Form.

## CERTIFICATIONS, ACKNOWLEDGEMENTS & APPROVALS

Those listed as PI & co-PIs in the Project Personnel section of this form should sign below. Use [Additional Investigator Attachment Form](#) if needed.

### INVESTIGATOR CERTIFICATIONS - My signature below certifies:

- 1) The information contained on this form and the corresponding proposal is true, complete and provides an accurate representation of this project and needed resources. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.
- 2) If the project is funded, I will accept responsibility for the conduct and management of the project and will administer the project in accordance with the terms and conditions of the grant or contract, including the fulfillment of reporting requirements indicated by the funding agency.
- 3) I will abide by all relevant university policies, including its research policies, conflict of interest and research integrity policies, intellectual property and copyright policies, and Drug-Free Workplace policy.

### (If less than **10 working days** to due date) INVESTIGATOR ACKNOWLEDGEMENT OF LATE SUBMISSION TO ORSP

☐ \_\_\_\_\_ (PI initials) I acknowledge that I have submitted my proposal after the internal 10-day deadline and that, as such, ORSP cannot guarantee submission of this proposal. I assume all risks that may occur from the late submission of a proposal to ORSP. These risks include, but are not limited to, proposals: (a) receiving little to no compliance review prior to submission; (b) being submitted without meeting the sponsor or University's requirements, which may result in return without review or submission or award rejection due to noncompliance; and/or (c) not meeting the sponsor's deadline.

**DEPARTMENT CHAIRS, DIRECTORS, AND DEANS:** I certify that the project is consistent with the department/unit/college and university mission. I approve the department/unit/college effort and resources that will be used and adequate facilities and space will be provided for the project, and faculty and other personnel can be committed to the project as described in the proposal.



Investigator _____ Date _____	Department Head / Director _____ Date _____	Dean / Administrative Head _____ Date _____
Investigator _____ Date _____	Department Head / Director _____ Date _____	Dean / Administrative Head _____ Date _____
Investigator _____ Date _____	Department Head / Director _____ Date _____	Dean / Administrative Head _____ Date _____
Investigator _____ Date _____	Department Head / Director _____ Date _____	Dean / Administrative Head _____ Date _____

### (ORSP USE) ENDORSEMENTS:

<input type="checkbox"/> I certify that the proposal conforms to funding agency requirements and appears to be a complete and accurate representation of the project. OR <input type="checkbox"/> PI Acknowledgement of Late Submission signed. Limited / No compliance review was performed.	<input type="checkbox"/> The budget is accurate and conforms to university policies. The proposal is ready for internal routing. OR <input type="checkbox"/> This proposal will be submitted without full ORSP review due to time constraints; complete compliance review will be performed prior to award acceptance.
Date: _____ Pre-Award Grants Specialist reviewer	Date: _____ Manager, ORSP
Peer review: _____ (initials)	

### APPROVALS:

I approve the submission of this proposal to the designated funding agency.	
Date: _____ Vice President, Research & Authorized Organization Representative	Date: _____ Vice President, Administration and Finance
Date: _____ Interim Provost & Vice President, Academic Affairs	