UNIVERSITY of LOUISIANA LAFAYETTE

Office of Research and Sponsored Programs
Internal Proposal Approval Form

Revision
Effective Date:
11/01/2026

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: Choose a 'Proposal Type' from the dropdown selections

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: _____

Discipline Category: Choose a 'Discipline Category' from the dropdown selections

Activity Type: Choose an 'Activity Type' from the dropdown selections

☐ 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):* _____

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:	$	
TOTAL BUDGET:	**$**	**0.00**

F&A RATE and RECOVERY:

☐ Full Recovery (based on activity & location) — Choose an appropriate F&A Rate and Base from the dropdown selections

☐ Agency Limitation (*attach documentation of Sponsor Policy*) **Rate** (%): **Base:** Choose base

☐ Voluntary Waiver/ Reduction Requested (*attach F & A Waiver/ Reduction Request Form*) **Rate** (%): **Base:** Choose base

☐ University Policy – direct costs $10,000 or less, rate waived

☐ No ☐ Yes **Amount:** **$** _____ # of subs

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.*

☐ No ☐ Yes **Amount:** **$** 0.00

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.

☐ No ☐ Yes **Amount:** **$** 0.00

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 *Additional Investigator Attachment Form* if more space is needed. Also, it is important to note:

- ***Project Credit*** *is used to track activity for the project personnel, depts., centers, etc. listed here*
- ***UL Lafayette Cost Share*** *should only reflect agency required cost share, not voluntary cost share*
- ***Summer Effort*** *cannot exceed 3 months; NSF restricts to 2 months total on all NSF awards*

					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:**	☐ 9 mon. ☐ 12 mon.	☐ PI ☐ Co-PI ☐ Other	**%**	☐ No ☐ Yes *if yes, how:*	**%**	**%**	
Name: **ULID:** **Dept:**	☐ 9 mon. ☐ 12 mon.	☐ PI ☐ Co-PI ☐ Other	**%**	☐ No ☐ Yes *if yes, how:*	**%**	**%**	
Name: **ULID:** **Dept:**	☐ 9 mon. ☐ 12 mon.	☐ PI ☐ Co-PI ☐ Other	**%**	☐ No ☐ Yes *if yes, how:*	**%**	**%**	
Name: **ULID:** **Dept:**	☐ 9 mon. ☐ 12 mon.	☐ PI ☐ Co-PI ☐ Other	**%**	☐ No ☐ 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 in this form and the corresponding proposal is true, complete, and accurate to the best of my knowledge, and accurately represents the project and required resources. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties under applicable federal and state laws.
2) If the project is funded, I will accept responsibility for its conduct, management, and compliance with the award terms and conditions, the Federal Uniform Guidance (2 CFR Part 200), and all university, state, federal, and sponsor guidelines, procedures, and policies, including but not limited to meeting timelines, accomplishing all technical goals and objectives, adhering to the budget and period of performance, ensuring time and effort reporting of all researchers and students involved in the project, and completing all reports and closeout requirements.
3) I will comply with all applicable university policies, including those on research integrity, conflict of interest, intellectual property, data management, Drug-Free Workplace, and non-discrimination. Where applicable, I will establish procedures to ensure compliance with special circumstances including but not limited to confidentiality and data security.
4) If the project involves a subrecipient, I will verify subrecipients are eligible and qualified to perform the work, monitor all subrecipient activity, ensure completion of their deliverables, and approve all invoices received from the subrecipient.
5) I recognize that sponsored projects are a public trust and will uphold stewardship, transparency, and accountability.

(*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 acknowledge the increased risks associated with late submission, including but not limited to: (a) receiving limited institutional review prior to submission; (b) proposal rejection or the University's decision not to accept an award due to unmet sponsor or institutional requirements; and/or (c) missing the sponsor's deadline. This acknowledgment does not waive required institutional compliance reviews or approvals.

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:

☐ *I certify that the proposal conforms to funding agency requirements and appears to be a complete and accurate representation of the project.* OR
☐ *PI Acknowledgement of Late Submission signed. Limited / No compliance review was performed.*

Date:
Pre-Award Grants Specialist reviewer
Peer review: ____(initials)

☐ *The budget is accurate and conforms to university policies. The proposal is ready for internal routing.*
☐ *This proposal will be submitted without full ORSP review due to time constraints; complete compliance review will be performed prior to award acceptance.*

Date:
Manager, ORSP

APPROVALS:

I approve the submission of this proposal to the designated funding agency.

Date:
Interim Vice President, Research and Innovation
& Authorized Organization Representative

Date:
Interim Provost & Vice President, Academic Affairs

Date:
Interim Chief Financial Officer