

Date:

Log No.:

OFFICE OF GRANTS & GOVERNMENTAL PROGRAMS PROPOSAL CHECKLIST

Purpose:

Research
Public Service
Fellowship

Type:

Training
Drug Study
OtherGrant
Contract
NIH Consortium

Status:

New
Continuation
Renewal

Transfer

Amendment
Subcontract
Other

Principal Investigator: _____ Dept. of Primary Appointment: _____

Section: _____ Tel. No.: _____ FAX No.: _____ Beeper No.: _____

Application to: (Sponsor): _____ Due Date at Sponsor's Office: _____

Title of Project: _____ Keyword: _____
(Index in Sponsored Projects Manual)

	Direct \$	Indirect \$	Total \$
First budget year covered by this application: From _____ To _____			
Total period covered by this application: From _____ To _____			

Budget Proposal: Please check the following before submission:

Exemption of approved
University Indirect Cost Rate

- 24% **Fringe benefits** on Personnel
 43% **MTDC* Indirect Costs** on Research Projects – On Campus
 25% **Other Sponsored Projects** (including Drug Studies)
 Indirect Costs of less than 25% or Not Allowed (Attach copy of guidelines so stating)

* MTDC: Exclude Subcontracts over \$25,000 (the first \$25,000 is included in the calculation), capital equipment expenditures in excess of \$500, alterations and renovations, stipends and tuition payments.
Fringe benefits are included in this calculation.

Signature _____

Date _____

Committee Approvals: (Copies of approved forms must be attached)

	Approval Date	Approval #	Status*
Radiation Safety			
IRB			
IACUC			
Biosafety			

* Status Definitions:

- (A) In Preparation
 (B) Submitted to Committee
 (C) Not Applicable

Space & Facilities:

- | | | |
|---|-----|----|
| 1. Do you have adequate space available for this project? | Yes | No |
| 2. Are alterations or renovation required? | Yes | No |
| 3. Are utilities available for requested equipment? | Yes | No |
| 4. All facilities required are presently available? | Yes | No |

Are Patent rights addressed in this proposal?

Yes No

Certifications:

1. This work will be accomplished in a **Drug Free Environment**.
 2. I have read the **Certification regarding lobbying** & the **Certification regarding significant financial interest** on the reverse side of this checklist and will comply with the requirements.
 3. All information provided in this LSUHSC Checklist is correct.

Principal Investigator _____

Date _____

Business Manager _____

Date _____

Business Manager Telephone: _____ Fax: _____ Beeper: _____

Head of Department _____

Date _____

Office of Research (or Dean's Office) _____

Date _____

GGP _____

Date _____

Do Not Write Below This Line

Sponsored Projects: _____ Date _____

Program Entry _____ PROPOSAL # _____ Date _____

U.S. Department of Health and Human Services

Certification Regarding Lobbying

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1.) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2.) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3.) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Certification Regarding Significant Financial Disclosure

As described in Chancellor's Memorandum #35, each Investigator is required to disclose any significant financial interest of the Investigator that would reasonably appear to be directly and significantly affected by the research or educational activities funded, or proposed for funding, by a Federal sponsor.

Regardless of the above minimum requirement, a faculty or staff member, in his or her own best interest, may choose to disclose any other financial or related interest that could present an actual conflict of interest or be perceived to present a conflict of interest. Disclosure is a key factor in protecting one's reputation and career from potentially embarrassing or harmful allegations of misconduct.

Each person who has significant financial interests requiring disclosure must complete a Significant Financial Interests Disclosure Form, attach all required supporting documentation, including a copy of any relevant PM-11 disclosure, and place the materials in a sealed envelope addressed to the Office of Research of the relevant school of the Health Sciences Center and clearly marked "CONFIDENTIAL Significant Interests Financial Disclosure", and identified with the name of the person making the disclosure, the name of the federal agency and the project name.