



Office of Research Services Proposal Checklist and Routing Sheet

ORS USE ONLY: Date:

Time In:

Month/Year:

ORS Log No.:

ORS File No.:

What is the **PURPOSE** of this project?
(Select all that apply)

What **TYPE** of document is this?
(Select all that apply)

What **ACTION** does this represent? (Select all that apply)

Other (Specify):

Other (Specify):

Principal Investigator (Contact PI): LAST NAME		FIRST NAME	PeopleSoft Chartstring#, if assigned	Electronic: Yes No
Additional Principal Investigator (if Multi-PI application): LAST NAME		FIRST NAME	Electronic by ORS: Yes <input type="checkbox"/> No <input type="checkbox"/>	Submission via:
Contact PI's Dept. of Primary Appointment/Section/School:			Tel.:	Email: Alternate # (cell, pager, etc.)
Additional PI's Dept. of Primary Appointment/Section/School:			Tel.:	Email: Alternate # (cell, pager, etc.)
Administrative Contact:	Contact Phone:	Fax:	Email:	
Sponsor: CRO (if applicable):		Due Date to Sponsor:		
If LSUHSC-NO is sub, who is Prime Applicant?		Check if PI is eligible for Continuous Submission		
Funding Opportunity Announcement # (if applicable):		Due Date to Prime Applicant (if applicable):		
Title of Project:		Activity Code/Award Mechanism (R01, R21, K12, etc., if any):	Grant, Contract, or Protocol# (if applicable):	
Clinical Trial Performance Site:		Keyword:		
Signature Approval of Clinical Trial Performance Site:				
If Clinical Trial, will personal, professional, or consulting services be purchased? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (if yes, contact your school's contracts management office)				
If Clinical Trial, will technical/operational services be purchased? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (if yes, contact supply chain management)				
Budget Information: Check if foreign source:	Dates		Direct \$	Indirect \$ Total \$
First budget year covered by this application:	From:	To:		
Total period covered by this application:	From:	To:		
Salary Used: Base Salary Base + Supplemental	F&A* (indirect) cost rate(s) (select all that apply): See: http://www.lsuhscc.edu/administration/accounting/fa_fringe.aspx		IRB Fee Applied? Yes No N/A	Copy of sponsor's official non-standard F&A policy attached? Yes No N/A
If sponsor allows supplemental salary to be included in the salary calculations, documentation/policy from the sponsor must be attached.	Explain non-standard fringe and/or F&A here:		Exemption of approved University F&A Rate	
Fringe benefit rate(s) (select all that apply): See: http://www.lsuhscc.edu/administration/accounting/fa_fringe.aspx	*If sponsor uses MTDC as F&A base: Exclude subcontracts over \$25,000 (the first \$25,000 is included in the calculation), equipment, capital expenditures, alterations & renovations, patient care, costs, rental costs, participant support costs, student stipends, scholarships, fellowships, and tuition payments. Fringe benefits are included in this calculation.		Rate Accepted by Sponsored Projects:	
For budget periods prior to FY2021:				

Committee Approvals: (Copies of approval forms must be attached.)				Cost-Sharing Proposed? Yes No
	Approval Date	Approval #	Status*	*Status Definitions:
RADIATION SAFETY				(A) Pending
IRB				(B) Submitted to Committee
IACUC				(C) Not Applicable
BIOSAFETY (aka "IBC")				(D) Approved
Publications: Have articles resulting from DHHS funding been entered into NLM database? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Amount: Source:

Space & Facilities: *Approved: _____ Date: _____ Associate Vice Chancellor, Property & Facilities Management		Are PATENT RIGHTS addressed in this proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Do you have adequate space available for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are alterations or renovations required? (If yes, requires institutional approval.)* <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the material/information being sent the subject of an INVENTION DISCLOSURE submitted to the Office of Technology Management (OTM)? Yes No
3. Are utilities available for requested equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are all facilities required presently available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval: _____ Date _____
		Director, OTM

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 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, and 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 Sections 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 Interest 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.

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 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 CM35 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 Services and clearly marked "CONFIDENTIAL Significant Financial Interests Disclosure", and identified with the name of the person making the disclosure, the name of the sponsor, and the project name.

NIH Assurances

As Principal Investigator and/or Fellow on this NIH Application I assure the following:

- (1.) To the best of my knowledge the information submitted within the application is true, complete, and accurate;
- (2.) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties;
- (3.) That as PI, I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application
- (4.) That LSUHSC-NO will provide appropriate training, adequate facilities, and supervision if a fellowship is awarded as a result of the application; and
- (5.) That I, the Fellow, have read the Ruth L. Kirschstein National Research Service Award Payback Assurance and will abide by the assurance if an award is made, and that the award will not support residency training.

PI Certifications and Assurances: 1. This work will be accomplished in a <i>Drug Free Environment</i> . 2. I have read the <i>Certification Regarding Lobbying</i> & the <i>Certification Regarding Significant Financial Interest Disclosure</i> on this page & I will comply with the requirements. In addition, with my signature on this page, I agree to the <i>NIH Assurances</i> listed. 3. All information provided in this LSUHSC-NO ORS Checklist and in the pre-award materials provided is correct.	Signature of Principal Investigator Date
	Signature of Fellow (if applicable) Date
	Signature of Business Manager Date Phone #: Email:
	Signature of Department Head Date