

LSU Questionnaire

The proposal budget must be routed in GeauxGrants seven (7) business days before the deadline.

This tool is provided to help Department Administrators collect information from Principal Investigators for input into the GeauxGrants Proposal Development record.

Proposal Title:					
Proposal Type:					
Sponsor:					
Originating Sponsor:					
Deadline Date:					
Project Period Start Date:					
Project Period End Date:					
Program Type:					
Compliance Information					
Compliance Information					
1) Human Subjects records or samples? Yes No					
If yes, status of protocol Protocol #					
2) Vertebrate animals? □Yes □No					
If yes, status of protocolProtocol #3) Recombinant DNA, infectious agents, transgenic plants or animals, human or primate					
cells/tissues or biological toxins? □Yes □No If yes, status of protocol Protocol #					
4) Radiation sources? This includes projects that involve sources of radiation, use of CAMD,					
or use of Class 3B or 4 lasers. \Box Yes \Box No					
If yes, will CAMD be used? □Yes □No					
5.) Export Controls					
a.) LSU personnel to hand carry, deliver or ship equipment, components, materials, or					
software on media internationally? □Yes□ No					
If yes, please explain:					
b.) Will the project receive export-controlled, confidential or proprietary information to be					
received on campus? □Yes □No					
If yes, please explain:					
c.) May restrict foreign national participation or dissemination of results (e.g. publication					
restrictions)? □Yes □No					
If yes, please explain:					
d.) Development of encryption software? □Yes □No					
If yes, please explain:					

Proposal Title:

Due to various laws and regulations, we are required to obtain information about international travel, collaborators, and sponsors. The following question is included to help fulfill the requirements and obtain the necessary information.

e.) For this project, will you be traveling to foreign countries (either to conduct work on a research project or to attend an international conference), working with foreign collaborators, or working with a foreign sponsor/subrecipient? □Yes □No

If yes, please complete the following information for your country of destination, foreign collaborators, and foreign sponsors/subrecipient.

For travel and for foreign sponsors, if known please tell us the country.

For foreign collaborators, please include the collaborator's institution and country.

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Country (if known)	Туре	Entity/Collaborator	Institution

Please provide any other information that may be needed that you were unable to provide above:

6) Special data security requirements (e.g. NIST 800)? □Yes □No

7) Intellectual property assignment to Sponsor, non-standard IP terms or a material transfer agreement? □Yes □No

If yes, please explain:

8) Does proposal involve immediate family members working together? PS-25 compliance □Yes □No

If yes, please explain:

9) Principal Investigator, or any project personnel or department personnel (including immediate family members) with a financial interest in the sponsor or proposed contractor? PM-67 Compliance □Yes □No

If yes, please explain:

10) Classified work? □Yes □No

If yes, please explain:

11) New courses or programs (subject to standard University course or program approval processes)? □Yes □No

If yes, please explain:

12) PreK-12 School Involvement? □Yes□ No

If yes, list schools:

13) Renovations or construction? □Yes □No					
If yes, list room/building:					
14) Advanced computing needs? □Yes □No					
If yes, select all that apply: □CCT □H	PC Other:				
Dudget Deleted Approval Information					
Budget Related Approval Information: 15) Extra compensation to LSU employees (must be in accordance with PS-43 and PM-3)?					
This does not include summer salary for academic appointments. \Box Yes \Box No					
16) F&A Reduction or Waiver (including sponse					
If yes, select type:					
17) Is Tuition Remission allowed per sponsor p	ublished guidelines? □Yes □No				
18) Cost sharing/matching? □Yes □No					
If yes, select type:					
19) Does your proposal include subawards? □Yes □ No					
20) Keywords (Check all that apply)					
□ Agriculture	□ Arts & Humanities				
□ Biomedical & Biological Sciences	□ Biotech				
Cancer	□ Coast				
Computer & Information Sciences	Defense				
Education	Energy				
Engineering					
□ Law, Justice & Human Rights	□ Libraries & Museums				
Mathematics & Physical Sciences	□ Social Sciences				
□ Interdisciplinary	□ Other (enter in text box)				
OSP Review Information:					
21) Type of OSP Review Type?					
22) Limited submission requirements? □Yes □No					
23) RFP/Announcement – Enter URL or Attach RFP on Internal Uploads and Routing tab:					
24) Does the RFP/Announcement include award terms and conditions? Yes No					
25) Does OSP need to prepare agreement? □Yes □No					
If yes, provide name, address, phone and email of the sponsor's business and					
technical contacts:					

26) Investigator Allocations / percent credit by Personnel: The total % F&A Distribution, and total % Project Credit for all investigators must each equal 100%.						
Investigator Name	Role	Department	% F&A Distribution	% Project Credit		
27) Involvement of research centers and non-academic units (e.g. CAMD, CCT, CSI, IAM, SFI)						
Investigators may associate projects with a research center or other non-academic unit when appropriate. When a project is associated with a research center/unit, that unit will be able to track involvement in sponsored projects. Does project involve use of any special facilities,						
services or involvement of a research center and/or other non-academic unit? \Box Yes \Box No If yes, select all that apply:						

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\Box a) Center for Microstructures and Devices	□ b) Center for Computational Technology			
(CAMD)	(CCT)			
□c) Coastal Studies Institute (CSI)	\Box d) Institute for Advanced Materials (IAM)			
\Box e) Shared Instrumentation Facility (SIF)	□ Other:			
28) Need to create separate subprojects (tasks) for large center proposals or supplements with multiple accounts and investigator F&A/project credit. OSP will need to set these up. □Yes □No				
29) Grant Coordinator/Contact Name:				
Provide any comments for OSP:				