

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:		
The majority of the Research will be conducted:	On campus	Off Campus
Compliance Information		
1) Human Subjects records or samples? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, status of protocol		Protocol #
2) Vertebrate animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, status of protocol		Protocol #
3) Recombinant DNA, infectious agents, transgenic plants or animals, human or primate cells/tissues or biological toxins? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, status of protocol		Protocol #
4) Radiation sources? This includes projects that involve sources of radiation, use of Louisiana Light Source (LLS), or use of Class 3B or 4 lasers. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, will Louisiana Light Source (LLS) be used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.) Export Controls (PS-119/PM-45)		
a.) LSU personnel to hand carry, deliver or ship equipment, components, materials, or software on media internationally? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
b.) Will the project receive export-controlled, confidential or proprietary information to be received on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
c.) May restrict foreign national participation or dissemination of results (e.g. publication restrictions)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
d.) Development of encryption software? <input type="checkbox"/> Yes <input type="checkbox"/> 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 - see also PS-17), working with foreign collaborators, or working with a foreign sponsor/subrecipient? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			
Country (if known)	Type	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)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7) Will materials be transferred with the Sponsor, and/or will any existing Intellectual Property be used for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, <input type="checkbox"/> Material Transfer Agreement <input type="checkbox"/> Background IP will be used			
If Background IP is checked, Please provide a brief summary of your background IP:			
8) Does proposal involve immediate family members working together? PS-25 compliance <input type="checkbox"/> Yes <input type="checkbox"/> 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 an entity that will receive a University-issued contract or subaward? PM-67 Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
10) Classified work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			

Proposal Title:	
11) New courses or programs (subject to standard University course or program approval processes)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
12) PreK-12 School Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list schools:	
13) Renovations or construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list room/building:	
14) Will the project have IT needs that will incur costs, including but not limited to data storage beyond free options, secure computing and data storage, and commercial clouds? If Yes: Consult IT Service - General Research Consulting on the amount to budget in proposal <input type="checkbox"/> Yes <input type="checkbox"/> No	
15) Does your proposed research contain any chemicals that have the following hazardous classifications? (Eg. Environmental Toxins, Explosives, Highly Corrosives, Mutagens, Peroxide Formers, Poisons, Pyrophoric, Teratogens, Controlled Substances) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, select all that apply:	
<input type="checkbox"/> Environmental Toxins	<input type="checkbox"/> Explosives
<input type="checkbox"/> Highly Corrosives	<input type="checkbox"/> Mutagens
<input type="checkbox"/> Peroxide Formers	<input type="checkbox"/> Poisons
<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Teratogens
<input type="checkbox"/> Controlled Substance	<input type="checkbox"/> Other:
Budget Related Approval Information:	
16) Extra compensation to LSU employees (must be in accordance with PS-43 and PM-3)? This does not include summer salary for academic appointments. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, a justification must be provided	
17) F&A Reduction or Waiver (including sponsor limited rate)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, select type: Link to F&A Waiver Request Form	
18) Is Tuition Remission allowed per sponsor published guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19) Cost sharing/matching? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, select type: Link to Cost Sharing Request Form	
20) Does your proposal include subawards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OSP Review Information:	
21) Type of OSP Review Type?	
22) Limited submission requirements? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25) Does OSP need to prepare agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide name, address, phone and email of the sponsor's business and technical contacts:	
If yes, a scope of work must be provided.	

Proposal Title:				
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. AMAC, CAMD, CCT, CSI) 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select all that apply:				
<input type="checkbox"/> a) Advanced Microscopy and Analytical Core (AMAC)		<input type="checkbox"/> b) Center for Computational Technology (CCT)		
<input type="checkbox"/> c) Coastal Studies Institute (CSI)		<input type="checkbox"/> d) Louisiana Light Source (LLS)		
<input type="checkbox"/> e) Other:				
28) Grant Coordinator/Contact Name:				
Provide any comments for OSP:				
29) Keywords (Check all that apply)				
<input type="checkbox"/> Agriculture		<input type="checkbox"/> Arts & Humanities		
<input type="checkbox"/> Biomedical & Biological Sciences		<input type="checkbox"/> Biotech		
<input type="checkbox"/> Cancer		<input type="checkbox"/> Coast		
<input type="checkbox"/> Computer & Information Sciences		<input type="checkbox"/> Defense		
<input type="checkbox"/> Education		<input type="checkbox"/> Energy		
<input type="checkbox"/> Engineering		<input type="checkbox"/> Geosciences		
<input type="checkbox"/> Law, Justice & Human Rights		<input type="checkbox"/> Libraries & Museums		
<input type="checkbox"/> Mathematics & Physical Sciences		<input type="checkbox"/> Social Sciences		
<input type="checkbox"/> Interdisciplinary		<input type="checkbox"/> Other (enter in text box)		