



Routing Approval Form for Submission of Grant Proposals or Contracts to External Sponsoring Agencies

NOTE: The University MUST approve all externally sponsored programs before proposal submission
Submit this form AT LEAST 10 WORKING DAYS BEFORE DEADLINE
(revised Feb. 2026)

<p style="text-align: center;">Nicholls State University Office of Research and Sponsored Programs 167 Elkins Hall, P.O. Box 2083 Director: quenton.fontenot@nicholls.edu / (985) 449-2563 Contract & Grant Specialist: mikenzi.parrish@nicholls.edu / (985) 448-4496 Fax: (985) 493-2530 Nicholls Federal ID#: 72-6011797</p>		<p style="text-align: right;">ORSP #: _____</p> <p style="text-align: right;">Funding Agency Deadline: _____</p>	
PRIMARY INVESTIGATOR DATA & PROJECT INFORMATION			
Principal Investigator:			
Email:			
Campus Phone #:		Cell Phone #:	
College:		Department:	
Proposal Title:			
Prime Agency:		Subaward Agency: <i>(if applicable)</i>	
Project Start Date:	Project End Date:	Total Budget Request: \$	
Project Summary: <i>(please provide a brief summary of the proposal; 3 line maximum)</i>			
Principal Investigator Signature:* <i>(sign and date)</i>			Date:
PROPOSAL DATA			
PROPOSAL TYPE	TYPE OF SUPPORT REQUEST		FUNDING CATEGORY
<input type="checkbox"/> Pre-proposal/ Letter of Intent <input type="checkbox"/> Proposal <input type="checkbox"/> Proposal & Contract <input type="checkbox"/> Contract	<input type="checkbox"/> Instruction <input type="checkbox"/> Research <input type="checkbox"/> Public Service <input type="checkbox"/> Student Services <input type="checkbox"/> Instructional Support <input type="checkbox"/> Other		<input type="checkbox"/> Federal Direct <input type="checkbox"/> Federal Indirect <i>(flow-through)</i> <input type="checkbox"/> State Contract <input type="checkbox"/> State Competitive Grant <input type="checkbox"/> Private
SUBSEQUENT SUBMISSIONS			
2ND SUBMISSION	3RD SUBMISSION		4TH SUBMISSION
Proposal Type: <input type="checkbox"/> New Proposal <input type="checkbox"/> Contract <input type="checkbox"/> Supplemental <input type="checkbox"/> Revision	Proposal Type: <input type="checkbox"/> Contract <input type="checkbox"/> Supplemental <input type="checkbox"/> Revision		Proposal Type: <input type="checkbox"/> Contract <input type="checkbox"/> Supplemental <input type="checkbox"/> Revision
Revised Funding Amount: _____ Revised Project Title: _____ Revised Project Period: _____ Revised Budget: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised Budget Amount: _____	Revised Funding Amount: _____ Revised Project Title: _____ Revised Project Period: _____ Revised Budget: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised Budget Amount: _____		Revised Funding Amount: _____ Revised Project Title: _____ Revised Project Period: _____ Revised Budget: <input type="checkbox"/> Yes <input type="checkbox"/> No Revised Budget Amount: _____

***Investigators Assurance Statement:** By signing this form, the Principal Investigator certifies and assures that: (1) the information submitted within the application is true to the best of their knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the Principal Investigator to criminal, civil, or administrative penalties; and (3) that the Principal Investigator agrees to accept responsibility for the scientific conduct of the project, Co-PIs, and to provide the required progress reports, the final report and effort report, if a grant is awarded as a result of the application.

ALL INVESTIGATOR(S) / OTHER PROJECT PERSONNEL DATA

Role	Name	Salary Type	# of Months per Award Year

*If Salary is written as "other" please explain:

COST SHARING

Category	University Matching	University Source of Funding	Source of 3 rd Party Match	In-kind or In-cash
Salaries		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash
Fringe (___%)		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash
Supplies		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash
Equipment		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash
Professional Services		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash
Travel		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash
Operating Services		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash
Tuition and Fees		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash
Other		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash
Indirect Cost (___%) <input type="checkbox"/> Yes <input type="checkbox"/> No		Acct #:		<input type="checkbox"/> In-Kind <input type="checkbox"/> In-cash

If more than one account number is used in a category, show allocations on a separate attached sheet

Cost sharing must be approved by the authorized budget Head of the Source account, please include email or letter from the appropriate responsible party

ADDITIONAL APPROVALS NEEDED

<input type="checkbox"/> Yes <input type="checkbox"/> No	Human subjects involved in research? <i>If yes, contact Dr. Alaina Daigle at (985)448-4697 or at alaina.daigle@nicholls.edu for approval.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-human vertebrate animal subjects involved? <i>If yes, contact Michele Robichaux at (985)448-4761 or at michele.robichaux@nicholls.edu for approval.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Radiation and/or Biohazards involved? <i>If yes, contact Carolyn Kern at (985)448-4782 or at carolyn.kern@nicholls.edu for approval.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the proposal involve alterations/relocations/renovations of facilities? <i>If yes, a letter or email including the source account # and amount from VP of Facilities is required. Contact Danielle Breaux at (985)449-7041 or at danielle.breaux@nicholls.edu for approval.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the proposal use technology fee funds as a match? <i>If yes, a letter or e-mail including the source account # and amount from the Instructional Technology Specialist is required. Contact Randy LeBlanc at (985)448-4419 or at randy.leblanc@nicholls.edu for approval.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this project require any faculty or staff overload (i.e. adjunct/overload teaching assignments, etc.?)

APPROVALS

DEPARTMENT/CENTER APPROVAL: The application identified above has been reviewed by the undersigned. The review included the overall budget request, commitment of time and effort by professional staff, rates of compensation and/or stipend levels, request for equipment and the justification presented, allow ability of direct cost charging, and allocation of adequate space and facilities. (If more than department head or dean's faculty are involved in this project, supplemental approval is required.)

P.I. Department Chair: _____ **Date:** _____

(P.I. DEANS OFFICE APPROVAL as needed: Approval is given for the proposed activity to be undertaken in this school/college by the personnel identified in the proposal, and for any cost sharing.

P.I. Dean: _____ **Date:** _____

Sponsored Research Office: _____ **Date:** _____

Provost of Academic Affairs: _____ **Date:** _____

Payroll & Grants Coordinator: _____ **Date:** _____

Notes/Comments: