



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 Aug. 2024)

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.authement@nicholls.edu / (985) 448-4496 Fax: (985) 493-2530 Nicholls Federal ID#: 72-6011797		ORSP #: _____ Funding Agency Deadline: _____
PRIMARY INVESTIGATOR DATA & PROJECT INFORMATION		
Principal Investigator:		
Email:		
Campus Phone #:	Cell Phone #:	
College:	Department:	
Proposal Title:		
Funding Agency:		
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 ☐ Pre-proposal/ Letter of Intent ☐ Proposal ☐ Proposal & Contract ☐ Contract	TYPE OF SUPPORT REQUEST ☐ Instruction ☐ Research ☐ Public Service ☐ Student Services ☐ Instructional Support ☐ Other	FUNDING CATEGORY ☐ Federal Direct ☐ Federal Indirect <i>(flow-through)</i> ☐ State Contract ☐ State Competitive Grant ☐ Private
SUBSEQUENT SUBMISSIONS		
2ND SUBMISSION	3RD SUBMISSION	4TH SUBMISSION
Proposal Type: ☐ New Proposal ☐ Contract ☐ Supplemental ☐ Revision	Proposal Type: ☐ Contract ☐ Supplemental ☐ Revision	Proposal Type: ☐ Contract ☐ Supplemental ☐ Revision
Revised Funding Amount: _____ Revised Project Title: _____ Revised Project Period: _____ Revised Budget: ☐ Yes ☐ No Revised Budget Amount: _____	Revised Funding Amount: _____ Revised Project Title: _____ Revised Project Period: _____ Revised Budget: ☐ Yes ☐ No Revised Budget Amount: _____	Revised Funding Amount: _____ Revised Project Title: _____ Revised Project Period: _____ Revised Budget: ☐ Yes ☐ 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
-Select Role-		-Salary Type-	
-Select Role-		-Salary Type-	
-Select Role-		-Salary Type-	
-Select Role-		-Salary Type-	
-Select Role-		-Salary Type-	

*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 #:		☐ In-Kind ☐ In-cash
Fringe (____%)		Acct #:		☐ In-Kind ☐ In-cash
Supplies		Acct #:		☐ In-Kind ☐ In-cash
Equipment		Acct #:		☐ In-Kind ☐ In-cash
Professional Services		Acct #:		☐ In-Kind ☐ In-cash
Travel		Acct #:		☐ In-Kind ☐ In-cash
Operating Services		Acct #:		☐ In-Kind ☐ In-cash
Tuition and Fees		Acct #:		☐ In-Kind ☐ In-cash
Other		Acct #:		☐ In-Kind ☐ In-cash
Indirect Cost (____%) ☐ Yes ☐ No		Acct #:		☐ In-Kind ☐ 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

☐ Yes ☐ No	Human subjects involved in research? If yes, contact Dr. Alaina Daigle at (985)448-4697 or at alaina.daigle@nicholls.edu for approval.
☐ Yes ☐ No	Non-human vertebrate animal subjects involved? If yes, contact Michele Robichaux at (985)448-4761 or at michele.robichaux@nicholls.edu for approval.
☐ Yes ☐ No	Radiation and/or Biohazards involved? If yes, contact Brian Clausen at (985)448-4783 or at brian.clausen@nicholls.edu for approval.
☐ Yes ☐ No	Does the proposal involve alterations/relocations/renovations of facilities? If yes, a letter or email including the source account # and amount from VP of Facilities is required. Contact Danielle Breau at (985)449-7041 or at danielle.breaux@nicholls.edu for approval.
☐ Yes ☐ No	Does the proposal use technology fee funds as a match? If yes, a letter or e-mail including the source account # and amount from the Instructional Technology Specialist is required. Contact Nicole Cotten at (985)448-4252 or at nicole.cotten@nicholls.edu for approval.
☐ Yes ☐ 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: