**COVER SHEET FOR PROPOSAL TO THE BOARD OF REGENTS**

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| FOR CONSIDERATION BY BoR ORGANIZATION UNITS(S)  Sponsored Programs – EPSCoR | | | | | | **(FOR BoR USE ONLY)**    **BoR PROPOSAL NUMBER** |
| PROGRAM ANNOUNCEMENT/SOLICITATION NO./CLOSING DATE  **Preliminary Planning Grants for Major Initiatives** | | | | | |  |
| NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE: | | | | ADDRESS OF ORGANIZATION, INCLUDING ZIP CODE: | | |
| PI/PD DEPARTMENT | | | | PI/PD POSTAL ADDRESS | | |
| TITLE OF PROPOSED PROJECT: | | | | | | |
| REQUESTED AMOUNT  $ | PROPOSED DURATION  12 months | | | | | |
| FEDERAL AGENCY(S) AND PROGRAM(S) TO WHICH PROPOSAL RESULTING FROM THIS AWARD WILL BE SUBMITTED, INCLUDING TENTATIVE SUBMISSION DATES (**REQUIRED**): | | | | | | |
| NAMES (TYPED) | | Highest Degree/ year attained | Academic Rank/Title | | Email Address | |
| PRINCIPAL INVESTIGATOR | |  |  | |  | |
| CO-PI | |  |  | |  | |
| CO-PI | |  |  | |  | |
| CO-PI | |  |  | |  | |

**PROSPECTIVE REVIEWERS (Form 1001Rev)**

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| --- |
| Identify the general field of your proposal and add as many more specific subfields within that field, as necessary, until you have identified the subfield as narrowly as you can. This information may be used in identifying reviewers for your proposals.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- |
| Provide names, titles, mailing addresses, telephone numbers, and e-mail addresses for at least three out-of-state scholars in the specific field of your proposal who are qualified to evaluate your proposal and/or who can recommend other individuals who are qualified to evaluate your proposal. Great care should be taken to identify prospective reviewers who do not have conflicts of interest with the applicant, as might occur with former research collaborators, students, or major professors.  Reviewers cannot 1) have been a Louisiana faculty member during the previous five years; 2) have collaborated on a publication, funded project, or as a paid consultant with the applicant during the past five years; or 3) have supervised the master’s thesis, doctoral candidacy, or post-doctoral work of the applicant.  In addition, although the Board cannot guarantee that certain reviewers will not be used, if the applicant believes certain individuals should not be asked to evaluate the proposal, their names, affiliations, and a brief explanation of the potential conflict must be provided. Attach additional pages as necessary to ensure that all required information is in legible form. | | |
| **Name/Title (typed)** | **Mailing Address and Email Address** | **Telephone #** |
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**PROJECT SUMMARY (Form 1001S)**

The Project Summary should include a statement of objectives, methods to be employed, and the significance of the proposed activity to the advancement of knowledge or education. Avoid use of first person to complete this summary. **DO NOT EXCEED ONE PAGE.**

**BIOGRAPHICAL SKETCH (Form 1001Bio)**

Provide the following information for the senior personnel on the project. Begin with the Principal Investigator.

**DO NOT EXCEED 2 PAGES PER PERSON.** NSF Biographical Sketch can be substituted.

A. Vitae, listing professional and academic essentials and mailing address.

B. List up to 5 publications most closely related to the proposed project and up to 5 other significant publications, including those being printing. Patents, copyrights, or software systems developed may be substituted for publications. Do not include additional lists of publications, invited lectures, etc. Only the list of up to 10 will be used in merit review.

C. List of persons, other than those cited in the publication list, who have collaborated on a project or a book, article, report or paper within the last 48 months, including collaborators on this proposal. If there are no other collaborators, please indicate that fact.

D. Names of graduate and post-graduate advisors and advisees.

The information in C. and D. is used to help identify potential conflicts or bias in the selection of reviewers.

**BUDGET (Form 1001B)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROJECT YEAR: | | | | | |  |
| ORGANIZATION | | | | | |  |
|  |
| LEAD INVESTIGATOR | | | | | |  |
|  |
| A. SENIOR PERSONNEL:    List personnel separately. Indicate number & type of months for each. | | | | | | Funds  Requested |
| A.5-6 show total number Other in brackets. | | | CAL. | ACAD. | SUMR. |
|  | 1 |  |  |  |  |  |
|  | 2 |  |  |  |  |  |
|  | 3 |  |  |  |  |  |
|  | 4 |  |  |  |  |  |
|  | 5 | [ ] Other Senior Personnel |  |  |  |  |
|  | 6 | [ ] Total Senior Personnel |  |  |  |  |
| B. OTHER PERSONNEL (show #s) | | |  |  |  |  |
|  | 1 | [ ] Post Doctoral Assoc. |  |  |  | 0 |
|  | 2 | [ ] Other Professionals |  |  |  |  |
|  | 3 | [ ] Graduate Students | | | |  |
|  | 4 | [ ] Undergraduate Students | | | |  |
|  | 5 | [ ] Secretarial/Clerical | | | |  |
|  | 6 | [ ] Other | | | |  |
| Total Salaries & Wages (A+B) | | | | | |  |
| C. FRINGE BENEFITS (if charged as direct costs) | | | | | |  |
| Total Salaries, Wages, & Fringe (A+B+C) | | | | | |  |
| D. PERMANENT EQUIPMENT (List item & dollar amount for each item exceeding $5000)  Total Permanent Equipment | | | | | |  |
|  |
| E. TRAVEL | | | | | |  |
|  | 1 | Domestic (Incl. Canada & U. S. possessions.) | | | |  |
|  | 2 | Foreign | | | |  |
| F. PARTICIPANT SUPPORT COSTS | | | | | |  |
|  | 1 | Stipends | | | |  |
|  | 2 | Travel | | | |  |
|  | 3 | Subsistence | | | |  |
|  | 4 | Other | | | |  |
| Total Participant Costs | | | | | |  |
| G. OTHER DIRECT COSTS | | | | | |  |
|  | 1 | Materials and Supplies | | | |  |
|  | 2 | Publication Costs/Pages Charges | | | |  |
|  | 3 | Consultant Services | | | |  |
|  | 4 | Computer (ADPE) Services | | | |  |
|  | 5 | Subcontracts | | | |  |
|  | 6 | Other | | | |  |
| Total Other Direct Costs | | | | | |  |
| H. TOTAL DIRECT COSTS (A thru G) | | | | | |  |
| I. INDIRECT COSTS (Not Allowed.) | | | | | |  |
| J. TOTAL DIRECT & INDIRECT COSTS (H + I) | | | | | |  |

**CURRENT AND PENDING SUPPORT (Form 1001CP)**

The following information MUST be provided for each investigator and other senior personnel. Use additional sheets as necessary.

NAME OF INVESTIGATOR:

|  |
| --- |
| Status of Support: \_\_\_Current \_\_\_Pending \_\_\_Submission Planned in Near Future  Project/Proposal Title:  Source of Support:  Award Amount (or Annual Rate): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period Covered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Activity:  Person-Months or % of Effort Committed to the Project: \_\_\_\_\_Cal Yr \_\_\_\_\_Acad \_\_\_\_\_Summ |
| Status of Support: \_\_\_Current \_\_\_Pending \_\_\_Submission Planned in Near Future  Project/Proposal Title:  Source of Support:  Award Amount (or Annual Rate): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period Covered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Activity:  Person-Months or % of Effort Committed to the Project: \_\_\_\_\_Cal Yr \_\_\_\_\_Acad \_\_\_\_\_Summ |
| Status of Support: \_\_\_Current \_\_\_Pending \_\_\_Submission Planned in Near Future  Project/Proposal Title:  Source of Support:  Award Amount (or Annual Rate): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period Covered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Activity:  Person-Months or % of Effort Committed to the Project: \_\_\_\_\_Cal Yr \_\_\_\_\_Acad \_\_\_\_\_Summ |
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**FACILITIES, EQUIPMENT & OTHER RESOURCES (Form 1001F)**

**FACILITIES:** Identify the facilities to be used at each performance site listed and, as appropriate, indicate their capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Use “Other” to describe the facilities at any other performance sites listed and at sites for field studies. USE additional pages if necessary.

**Laboratory:**

**Clinical:**

**Animal:**

**Computer:**

**Office:**

**Other:**

**MAJOR EQUIPMENT:** List the most important items available for this project and, as appropriate identifying the location and pertinent capabilities of each.

**OTHER RESOURCES:** Provide any information describing the other resources available for the project. Identify support services such as consultant, secretarial, machine shop, and electronics shop, and the extent to which they will be available for the project. Include an explanation of any consortium/contractual arrangements with other organizations.