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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FOR CONSIDERATION BY BoR ORGANIZATION UNITS(S)  LOUISIANA EPSCoR | | | | | | **FOR BoR USE ONLY**  **BoR PROPOSAL NUMBER** |
|  | | | | | |  |
| PROGRAM ANNOUNCEMENT/SOLICITATION NO./CLOSING DATE  PFUND FY2013-14/September 25, 2013 | | | | | | Institution’s Proposal ID (optional) |
| NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE: | | | ADDRESS OF AWARDEE ORGANIZATION, INCLUDING ZIP CODE: | | | |
| TITLE OF PROPOSED PROJECT: | | | | | | |
| REQUESTED AMOUNT  $ | | PROPOSED DURATION:  12 months | | | | |
| PI NAME (TYPE or PRINT) | | Highest Degree, Yr | | Telephone Number | EMail Address | |
| PI STATUS (check one)  \_\_\_ Tenure-track \_\_\_ Tenured | | PI RANK (check one)  \_\_\_\_ Assistant Professor \_\_\_\_ Associate Professor \_\_\_\_ Full Professor | | | | |
| PI/PD DEPARTMENT    PI/PD FAX NUMBER | PI/PD POSTAL ADDRESS | | | | | |
| NSF PROGRAM THAT WOULD MOST LIKELY FUND THIS TYPE OF RESEARCH: | | NSF DIRECTORATE: | | NSF DIVISION | NSF PROGRAM AREA | |
| URL of NSF Program Area: | | | | | | |
| Other federal agencies that are likely to fund this research: | | | | | | |

**APPLICANT MUST PROVIDE NAMES OF PROSPECTIVE REVIEWERS – SEE BELOW:**

**On a separate page immediately following this cover sheet**, provide the name, title, affiliation, mailing address, telephone number, and e-mail address for at least five out-of-state scholars from the U.S. in the specific field of your proposal who are qualified to evaluate your application and/or who can recommend other individuals who are qualified to evaluate your proposal. Names of potential reviewers from institutions where the applicant has taught or was a student should not be provided.

**Conflict of Interest Criteria:**

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.

**Pfund Budget Page**

|  |  |  |  |
| --- | --- | --- | --- |
| INSTITUTION: | | | |
| PRINCIPAL INVESTIGATOR: | | | Funds  Requested |
| A. SENIOR PERSONNEL: (Not allowed under Pfund) | | |  |
| B. OTHER PERSONNEL (show #s in parentheses) | | |  |
| [ ] Other Professionals | | |  |
| [ ] Graduate Students | | |  |
| [ ] Undergraduate Students | | |  |
| [ ] Secretarial/Clerical | | |  |
| [ ] 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) | | |  |

**BIOGRAPHICAL SKETCH**

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

**DO NOT EXCEED 2 PAGES PER PERSON.**

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.

**CURRENT AND PENDING SUPPORT**

(From ALL sources, including Support Fund)

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 |
|  |

**FACILITIES, EQUIPMENT & OTHER RESOURCES**

**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.