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

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| FOR CONSIDERATION BY BoR ORGANIZATION UNITS(S)LOUISIANA EPSCoR | **CHECK ONE:****CATEGORY I \_\_\_\_\_-****CATEGORY II \_\_\_\_\_** |
| PROGRAM ANNOUNCEMENT/SOLICITATION NO./CLOSING DATE**OPT-IN/FY2013-14/First Round/December 3, 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 OF EPSCOR FUNDING$ | TOTAL $ AMOUNT OF INDUSTRIAL PARTNER CASH MATCHING$ |
| NAME OF INDUSTRIAL PARTNER | AMOUNT OF CASH MATCH | IS INDUSTRIAL PARTNER BASED IN (OR HAVE A BUSINESS PRESENCE IN) LOUISIANA? YES/NO  |
| NAME OF INDUSTRIAL PARTNER | AMOUNT OF CASH MATCH | IS INDUSTRIAL PARTNER BASED IN (OR HAVE A BUSINESS PRESENCE IN) LOUISIANA? YES/NO  |
| PI NAME (TYPE or PRINT) | Highest Degree, Yr | Telephone Number | Email Address |
| PI STATUS (check one) \_\_\_ Tenure-track \_\_\_ Tenured \_\_\_\_\_Not Tenure-track |
| PI RANK (check one)\_\_\_\_­ Research Professor \_\_\_ Assistant Professor \_\_\_\_ Associate Professor \_\_\_\_ Full Professor  |
| PI/PD DEPARTMENT NAME AND ADDRESS |
| Co-PI NAME, INSTITUTION, AND DEPARMENT(TYPE or PRINT) | Highest Degree, Yr | Telephone Number | Email Address |
| Co-PI NAME, INSTITUTION, AND DEPARMENT(TYPE or PRINT) | Highest Degree, Yr | Telephone Number | Email Address |
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**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 three U.S. 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. 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.

Reviewers will be required to sign the following statement:

By signing this form (or printing your name where indicated and returning this form electronically), you agree to maintain in confidence any information, documentation, and material of any kind (hereafter referred to as “Material”) included in this proposal. You further agree not to divulge, publish, file patent application on, claim ownership of, exploit or make any other use whatsoever of said “Material” without written permission of the principal investigator. You also certify that, to the best of your knowledge, no conflict of interest exists or is created as a result of your review of this proposal.

**OPT-IN Budget Page**

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| INSTITUTION:  |
| PRINCIPAL INVESTIGATOR: | EPSCoR FundsRequested | Industry Match |
| A. SENIOR PERSONNEL: (Not allowed under this program for EPSCoR funds only) |  |  |
| 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. Indirect Costs (not allowed on LA EPSCoR funds requested) |  |  |
| I. 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:

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| 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**

**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.