

Cardinal Sheet

Required documentation for all funding requests of \$5,000 or more.

Principal Investigator Information

PI Name: _____

PI Email: _____

PI Phone: _____

Budget Contact: _____

Budget Email: _____

Budget Phone: _____

Dept/Program*: _____

Center/Institute (if applicable): _____

College/Admin Unit*: _____

Compliance

Non-USA countries involved? ☐ Yes ☐ No

If yes, provide list on page 3

Foreign nationals involved? ☐ Yes ☐ No

If yes, provide list on page 3

ISURF IPs involved? ☐ Yes ☐ No

MTAs or CAs involved? ☐ Yes ☐ No

Human subjects involved? ☐ Yes ☐ No

If yes, IRB ID #: _____

Approval Date: _____ or check here if pending ☐

Vertebrate animals involved? ☐ Yes ☐ No

If yes, IACUC Log #: _____

Approval Date: _____ or check here if pending ☐

Recombinant DNA, human, animal or plant pathogens,
or biological toxins involved? ☐ Yes ☐ No

If yes, Biohazard Log #: _____

Approval Date: _____ or check here if pending ☐

Radioactive materials involved? ☐ Yes ☐ No

If yes, Radioisotope/device approval date: _____

☐ Approval letter attached

ISU Foundation Use

Funder ID: _____

PI ID: _____

Proposal #: _____

Account #: _____

Receipt #: _____

Funder Information

☐ This is a FundISU project
If yes, skip to Approvals section

Funder Name: _____

Contact Name: _____

Funder Address:

Funder URL: _____

Proposal Title: _____

Project Description:

Funding Purpose:

Submission Deadline: _____

Method of Delivery: _____

Anticipated Funding Decision Date: _____

☐ Funder Guidelines or Justification Attached

☐ Draft Proposal Attached
Final proposal required at time of submission

Reporting Requirements:

Publicity Requirements (including naming opportunities):

Other Requirements:

Budget Information

Fund Account #: _____ or New Requested ☐

Grant Period from: _____ to: _____

Total Project Cost: _____

Amount of Request: _____

Funder Approved Amount: _____

Gift Fee/Indirect Costs Allowable? ☐ Yes ☐ No

Cost Sharing or Matching Required? ☐ Yes ☐ No

Restricted Use of Interest Income? ☐ Yes ☐ No



Budget or Justification Attached

Please use funder's format

CONFLICT OF INTEREST AND COMMITMENT (COIC):

The proposed project or relationship with the funders requires the disclosure of significant financial interests that present an actual or potential conflict of interest for investigators involved in this project. By signing this form, all investigators certify that they have read and understand ISU's Conflict of Interest and Commitment policy and made all disclosures required by it. [<http://policy.iastate.edu/policy/conflict/>] Please indicate on page 3 whether a conflict of interest exists for each PI/CoPI.

CERTIFICATION FOR PRINCIPAL INVESTIGATORS AND CO-PRINCIPAL INVESTIGATORS:

I certify to the best of my knowledge that:

(1) The statements included within the subject proposal (excluding scientific hypotheses and scientific opinions) are true and complete.

(2) The text and graphics included within the subject proposal as well as any accompanying publications or other documents, unless otherwise indicated, are the original work of the signatories or individuals working under their supervision.

(3) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this proposal.

(4) Funder is not the same entity as the recipient.

I understand that the willful provision of false information or concealing a material fact in this proposal or any other communication submitted is a criminal offense (U.S. Code, Title 18, Section 1001).

CERTIFICATION FOR COLLEGE OFFICIALS

This application has been reviewed and is judged to be consistent with the objectives and capabilities of the unit represented by the signature herein. The proposed effort is considered compatible with other University duties of the investigator(s) and consistent with University policies.

Approvals

Obtain in order

Principal Investigator Name: _____

Signature: _____

Date: _____

Co-PI Name*: _____

Signature: _____

Date: _____

Co-PI Name*: _____

Signature: _____

Date: _____

Chair/Department Designate Name: _____

Signature: _____

Date: _____

College/Unit Fiscal Officer Name: _____

Signature: _____

Date: _____

Dean/College Designate Name: _____

Signature: _____

Date: _____

College/Unit Director of Development Name: _____

Signature: _____

Date: _____

Corporate/Foundation Relations Name: _____

(or FundISU Name)

Signature: _____

Date: _____

ISUF Accounting Name: _____

Signature: _____

Date: _____

*Co-administered units, or projects that include PIs from more than one college, require corresponding college-level signatures.

Additional Approvals

ISUF Chief Financial and Administrative Officer:

Signature: _____

Date: _____

ISUF President and CEO: _____

Signature: _____

Date: _____

College/Unit Fiscal Officer 2 Name: _____

Signature: _____

Date: _____

Dean/College Designate 2 Name: _____

Signature: _____

Date: _____

College/Unit Director of Development 2 Name: _____

Signature: _____

Date: _____

Additional Information