

## 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