



## PROPOSAL INFORMATION FORM

**TO BE COMPLETED BY THE PI** (*information as it relates to THIS proposal*)

### GENERAL PROPOSAL INFORMATION

|   |  |
|---|--|
| Lead <b>OSU</b> PI: _____   | Department: _____  |
| Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX<br><small>RI=Instruction RS=Research EX=Extension</small> | Other Functions: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX |
| Agency: _____   | Primary Agency:<br>(if flow-through) _____   |
| RFP/RFA: <input type="checkbox"/> Attached Link: _____  |  |
| Due Date: ( <i>if flow-through, indicate date documents due to lead organization</i> ) _____  |  |
| Proposal Title, if known: _____   |  |
| Project Start Date: _____   | Project End Date: _____  |
| Type? <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal   | Primary performance location? <input type="checkbox"/> on campus <input type="checkbox"/> off campus |

### OSU PERSONNEL INFORMATION (*as it relates to THIS proposal*)

|   |  |
|---|--|
| Co-PI: _____  | Department: _____  |
| Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX | Other Functions: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX |
| Co-PI: _____  | Department: _____  |
| Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX | Other Functions: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX |
| Co-PI: _____  | Department: _____  |
| Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX | Other Functions: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX |
| Co-PI: _____  | Department: _____  |
| Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX | Other Functions: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX |

### SUBAWARD OUT INFORMATION

|                         |   |
|-------------------------|---|
| Institution: _____      |   |
| Subaward Lead PI: _____ | Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX |
| Institution: _____      |   |
| Subaward Lead PI: _____ | Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX |
| Institution: _____      |   |
| Subaward Lead PI: _____ | Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX |
| Institution: _____      |   |
| Subaward Lead PI: _____ | Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX |

#### FOR NIFA PROPOSALS ONLY - to determine if matching is required

|  |  |                                   |  |
|--|--|-----------------------------------|--|
| Is there an applied Research component?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the project of national scope? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will this grant provide a particular benefit to a specific agricultural commodity?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |  |
| Will the results of the project likely be applicable to agricultural commodities in general? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |  |

|                                |                  |      |            |           |     |
|--------------------------------|------------------|------|------------|-----------|-----|
| <b>FOR AFRI PROPOSALS ONLY</b> | Specialty Grant? | Seed | Conference | Equipment | CAP |
|--------------------------------|------------------|------|------------|-----------|-----|

## TO BE COMPLETED BY DASNR SPONSORED PROGRAMS

### DUE DATES

|                             |                         |                          |
|-----------------------------|-------------------------|--------------------------|
| Routing: _____              | Final Files: _____      | <b>SUBMISSION:</b> _____ |
| Date Submitted: _____       | Time Submitted: _____   |                          |
| Grants.gov tracking # _____ | Agency tracking # _____ |                          |

### GENERAL INFORMATION

|                                 |   |
|---------------------------------|---|
| Sponsored Programs Staff: _____ |   |
| Submission method:              | AGSP <input type="checkbox"/> Grants.gov <input type="checkbox"/> FastLane <input type="checkbox"/> email <input type="checkbox"/> other online |
|                                 | PI <input type="checkbox"/> hardcopy <input type="checkbox"/> email <input type="checkbox"/> other online                                       |
| Agency: _____                   | Primary Agency: (if flow-through) _____   |
| Program: _____                  | CFDA: _____   |
| FOA # _____                     |   |

### BUDGET INFORMATION

|                             |  |  |
|-----------------------------|--|--|
| F&A Applied:                | <input type="checkbox"/> Full RI   | <input type="checkbox"/> 22% TFF/28.2% TDC                         |
|                             | <input type="checkbox"/> Full RS   | <input type="checkbox"/> 30% TFF/42.857% TDC                       |
|                             | <input type="checkbox"/> Full EX   | <input type="checkbox"/> None <input type="checkbox"/> Other _____ |
| Cost Share:                 | <input type="checkbox"/> No <input type="checkbox"/> Yes   | If Yes, what % _____   |
| Tuition Remission:          | <input type="checkbox"/> Rate Used <input type="checkbox"/> Exhibit A <input type="checkbox"/> Not Allowed |  |
| Maximum Request: _____      | Minimum Request: _____   |  |
| Maximum Award Period: _____ |  |  |

### INTERNAL CHECKLIST

|  |   |
|--|---|
| Workspace ID# _____                                      | OSU Routing #s, if any _____                      |
| Network folder created? <input type="checkbox"/>         | File folder created? <input type="checkbox"/>     |
| FOA/Instructions saved/printed? <input type="checkbox"/> | Forms/G.G package saved? <input type="checkbox"/> |
| Date triage email sent: _____                            | Due date on calendar? <input type="checkbox"/>    |

NIFA PROPOSALS: Do the funds expire?

☐ Yes

☐ No

For FCOI agencies (NIH, NSF, USDA) do all PIs have a disclosure on file?

☐ Yes

☐ No

Special F&A?

☐ BE

☐ BS

☐ SG

☐ WT

### COMMENTS

|  |
|--|
|  |
|  |
|  |