

## Cardinal Sheet

Required documentation for all funding proposals, grants, and gifts 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 #: \_\_\_\_\_

Vertebrate animals involved?  Yes  No

If yes, IACUC Log #: \_\_\_\_\_

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

If yes, Biohazard Log #: \_\_\_\_\_

Radioactive materials involved?  Yes  No

If yes, Radioisotope/device approval date: \_\_\_\_\_

### ISU Foundation Use

Funder ID: \_\_\_\_\_

PI ID: \_\_\_\_\_

Proposal #: \_\_\_\_\_

Account #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

### Funder Information

Funder Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Funder Address: \_\_\_\_\_

Funder URL: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Project Description: \_\_\_\_\_

Funding Purpose: \_\_\_\_\_

Submission Deadline: \_\_\_\_\_

Method of Delivery: \_\_\_\_\_

Funder Guidelines or Justification Attached

Draft Proposal/Abstract or Justification 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 Allowable?  Yes  No

Cost Sharing or Matching Required?  Yes  No

Restricted Use of Interest Income?  Yes  No

Budget or Justification Attached

### 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 and Foundation Relations Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ISUF Accounting Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Additional Approvals

**ISUF Vice President of Development:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**College/Unit Fiscal Officer 2 Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ISUF Vice President of Finance:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Dean/College Designate 2 Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ISUF President:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**College/Unit Director of Development 2 Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Additional Information: