



# PROPOSAL INFORMATION FORM

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

**GENERAL PROPOSAL INFORMATION**

Lead OSU PI: _____	Department: _____
Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX <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: (if flow-through) _____
RFP/RFA: <input type="checkbox"/> Attached Link: _____	
Due Date: (if flow-through, indicate date documents due to lead organization) _____	
Proposal Title, if known: _____	
Project Start Date: _____	Project End Date: _____
Resubmission? <input type="checkbox"/> Yes <input type="checkbox"/> No 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
Institution: _____	Subaward Lead PI: _____	Primary Function: <input type="checkbox"/> RI <input type="checkbox"/> RS <input type="checkbox"/> EX

**FOR NIFA PROPOSALS ONLY**

Is this applied research? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this project commodity specific? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the project of national scope? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specialty Grant? <input type="checkbox"/> Conference <input type="checkbox"/> Equipment <input type="checkbox"/> 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**

eGrants Proposal # _____	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"/>

**COMMENTS**
