



**PROPOSAL CLEARANCE FORM**  
**Office of Institutional Advancement**  
**Xavier University of Louisiana**

For additional information, please contact:  
David W. Robinson-Morris, Ph.D.  
Director of Corporate and Foundation Relations  
504.520.5797  
drmorris@xula.edu

**Principal Investigator:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**College/Department:** \_\_\_\_\_  
*(Please list all that apply)*

**Division Chair(s):** \_\_\_\_\_  
*(Please list all that apply)*

**Project Title:** \_\_\_\_\_

**Proposed Funding Agency/Grantor:** \_\_\_\_\_

**Name of Program/Initiative in Proposed Funding Agency:** \_\_\_\_\_

**Project Period: Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Addendums:**

- Should the proposal extend across multiple disciplines, please list all Division Chairs and Deans, if applicable.
- Please attach to this clearance form:
  - A project/program abstract
    - Please attach a one-page or less description of the proposed project, including its purpose, objectives and contribution to the mission and goals of Xavier University, and fit with the granting organizations' funding priorities.
  - A project/program timeline
  - Draft budget and budget justification
    - For each budget line, in brief terms, describe for what the funds are being requested and, where appropriate, provide a rationale for how the amount was calculated.
  - Current and pending support

1. Type of Project: New Continuation Renewal Supplemental  
If not new, please provide relevant fund code: \_\_\_\_\_
2. Type of Proposal: Research Instruction/Academic Support Public Service  
Professional Development Multi-Purpose Other Specify: \_\_\_\_\_
4. Type of Award Instrument: Grant Contract Cooperative Agreement
5. Primary Location of work on project: On-Campus Off-Campus  
Other Specify: \_\_\_\_\_

### **PERSONNEL REQUIREMENTS**

6. Does the project involve more than just the PI's department or organizational unit?  
Yes\* No If yes, please list the additional departments/units. \_\_\_\_\_
7. Does the proposal commit to release time for any faculty members? Yes No
8. Will the project require hiring new personnel? Yes No

**BUDGET** [Note: Fringe Benefits for faculty and staff are calculated at **22%** of Salaries and Wages; Student fringes are calculated at **7.65%** of wages when not enrolled, otherwise they will be calculated at 0%.]

9. Does the project involve commitment to cost sharing? Yes No
- a. If yes, has the source of the cost shared funding been identified? Yes No
- b. Please list the source(s). \_\_\_\_\_
10. If awarded, will the budget include funds to underwrite a portion of either a faculty or staff member's salary during the project period? Yes No

### **EQUIPMENT REQUIREMENTS**

13. Will new equipment be required? Yes No
- a. If yes, is such equipment not now reasonably available and accessible to the project?  
Yes No

### **TECHNOLOGY REQUIREMENTS**

14. Will the project require any support or assistance from ITC (including network access, computers, servers, software implementation, etc.)? Yes No
- a. If yes, please explain. \_\_\_\_\_

### **SPACE REQUIREMENTS**

15. Is additional space, other than the investigator's current office and/or lab, necessary for the completion of this project? Yes No
- a. If yes, indicate location/type of needed space. \_\_\_\_\_

**SAFETY AND PROTECTION\***

16. Will the project involve research with human subjects? Yes\* No

a. **If yes, a research protocol will have to be submitted for review and approval by the University's Institutional Review Board (IRB).**

17. Will the project involve research with animals? Yes\* No

a. **If yes, a research protocol will have to be submitted for review and approval by the University's Institutional Animal Care and Use Committee (IACUC).**

18. Will the project involve research with hazardous chemicals, hazardous or potentially hazardous biological agents, and/or recombinant DNA? Yes\* No

a. **If yes, a research protocol will have to be submitted for review and approval by the University's Institutional Biohazard Committee.**

19. Will the project involve research with radioactive chemicals? Yes\* No  
If yes, state the name and half-life. \_\_\_\_\_

a. **Research protocol will have to be submitted for review and approval by the University's Institutional Radiation Safety Committee. Note that certification on state and federal levels will be needed.**

*\*The Office of Institutional Advancement, in coordination with the Office of Research and Sponsored Programs, will verify that all Institutional protocols, guidelines, and procedures are adhered to and properly documented. For instance, IRB approvals, etc.*

## IA Pre-Clearance Proposal Routing Form

**Principal Investigator:** \_\_\_\_\_

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

Should the proposal extend across multiple disciplines, please secure signatures from all appropriate Division Chairs and Deans. The signatures below indicate that the respective offices of the appropriate Institutional authorities have approved of the initial proposal and that Institutional Advancement may present and/or discuss the proposal with the appropriate private foundations, corporations, and/or individuals.

It should also be noted: the proposal/programmatic objectives may be altered and/or adjusted to formulate a final proposal that constitutes a mutually beneficial undertaking between both the University and the private funding source(s). All due effort will be made to ensure that the final proposal adheres as closely as possible to the content of the proposed abstract and fully encapsulates the *spirit* of the proposed abstract.

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\_\_\_\_\_  
**Principal Investigator** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Department Head(s)** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Division Chair(s)** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Dean(s)** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Provost and Senior Vice President for Academic Affairs  
(or designee)** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Vice President for Institutional Advancement  
(or designee)** **Date:** \_\_\_\_\_