# SEIRI Request Form: Proposal Support

**Instructions:** Please complete and submit this form to the IUPUI STEM Education Innovation & Research Institute by email to Sheila Summers at shesumme@iupui.edu or in-person at UL1123. The form provides information to SEIRI about your proposal for tracking purposes. It also provides the investigator(s) with expectations for working with SEIRI on grant proposals.

**Note**: SEIRI offers three different mechanisms of support on grant proposals:

* **Research**: If you would like SEIRI to partner as education researchers, contact SEIRI at least **two months** before the proposal needs to be submitted. Depending on the scope of work, SEIRI’s budget for this type of effort will likely exceed 15% of the total budget.
* **Evaluation**:If you would like SEIRI to evaluate your project, please contact SEIRI at least **one month** before your proposal needs to be submitted. For program evaluations, SEIRI usually requests 5% - 15% of the total budget.
* **Consultation**: If you only need consultation on your proposal and post-award, contact SEIRI at least **three weeks** before the due date. If SEIRI will consult on your grant, you should plan to devote 3% - 5% of your budget to SEIRI personnel.

**Additional note**: Project deadlines have to be strictly enforced in order to meet University requirements. In the event that the Project Director/Principal Investigator is unable to meet the established deadlines then SEIRI services may be terminated.

**1. Funding agency name and webpage link to the funding program announcement:**

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| --- |
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**2. Does the opportunity require approval through the IU Limited Submission process?**

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| --- | --- | --- | --- |
| **No** | **Yes** | **If Yes, date of approval** | **If Yes, identification number** |
|  |  |  |  |

**3. Agency submission deadline? If yes, specify the date of the deadline.**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Uncertain** | **Yes** | **If Yes, date of deadline** |
|  |  |  |  |

**4. Anticipated project dates:**

|  |  |
| --- | --- |
| **Start date** | **End date** |
|  |  |

**5. Estimated award amount (total costs):**

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| --- |
|  |

**6. Title of the proposed project:**

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| --- |
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**7. Project Director/Principal Investigator:**

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| --- | --- | --- |
| **Name**  | **School** | **Department** |
|  |  |  |
| **Phone** | **Email** | **Office Address** |
|  |  |  |

**8. Project investigators and collaborators (with contact information):**

|  |  |  |
| --- | --- | --- |
| **Name** | **Institution** | **Email** |
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**9. Estimated Level of Assistance requested by SEIRI on the projects (mark with an x):**

|  |  |  |
| --- | --- | --- |
| **Educational Research** | **Evaluation** | **Consultation** |
|  |  |  |

**10. PI Responsibilities:**

* SEIRI reserves the right to review the final project description prior to uploading.
* SEIRI’s research or evaluation plan will not be modified without consulting SEIRI first.
* Ensure that SEIRI’s requested travel costs, publication costs, and research associate costs are accurately included in the budget.
* SEIRI will recover indirect costs at a rate proportional to SEIRI personnel’s effort.
* When routing the budget through Kuali Coeus, SEIRI personnel listed on the project will be listed as Key Personnel. This will designate Dr. Varma-Nelson as an internal approver.
* Following budget routing, the PI will share a copy of the “Kuali Coeus Proposal Summary” document.
* Regardless of outcome, the PI will share the funding agency’s reviews of the proposal with SEIRI personnel listed on the grant.
* Upon final approval from the awarding body, the PI will receive a Memorandum of Understanding from SEIRI that will require his or her approval.

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| --- | --- |
| **Initial SEIRI Contact Name** | **Date** |
|  |  |
| **Assigned SEIRI Consultant Name** | **Email** |
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**Principal Investigator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dr. Varma-Nelson’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**