

## STEM Education Innovation & Research Institute Information Form For Grant Application Support

**Instructions:** Please complete and submit this form to the IUPUI STEM Education Innovation & Research Institute by email to Sheila Summers at [ssummers@iupui.edu](mailto:ssummers@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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### 2. Does the opportunity require approval through the IU Limited Submission process?

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 request amount (total costs):

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### 6. Title of the proposed project:

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

<b>Name</b>	<b>School</b>	<b>Department</b>
<b>Phone</b>	<b>Email</b>	<b>Office Address</b>

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

<b>Name</b>	<b>Institution</b>	<b>Email</b>

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

<b>Educational Research</b>	<b>Evaluation</b>	<b>Consultation</b>

**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.
- When routing the budget through Quali Coeus, SEIRI personnel listed on the project will be listed as Key Personnel. This will designate Dr. Varma-Nelson as an internal approver.
- SEIRI will recover indirect costs at a rate proportional to SEIRI personnel's effort.
- Upon receiving reviews, these will be shared 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.

**Submitted by:**

<b>Name</b>	<b>Date</b>
<b>Phone</b>	<b>Email</b>

**Principal Investigator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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