

Office of Sponsored Programs - Proposal Routing Form

Agency Name: _____ Agency Deadline: _____ OSP Log # _____

Principal Investigators (PIs)	Signature	(9mo. or 12mo.)	College	Dept./Unit	Telephone/E-Mail
PI					
Co-PI					
Co-PI					
Co-PI					

Proposals are to be submitted to the Office of Sponsored Programs AT LEAST FIVE business days prior to the agency's deadline. Our office reserves the right to refuse the acceptance & submittal of any proposal that DOES NOT meet the FIVE day requirement.

Proposal Title: _____

PROPOSAL TYPE: ☐ New ☐ Renewal ☐ Continuation ☐ Supplemental ☐ Other
 PROJECT TYPE: ☐ Research ☐ Training ☐ Public Service/Outreach ☐ Instrumentation ☐ Other
 AGREEMENT TYPE: ☐ Grant ☐ Contract ☐ Subcontract ☐ Co-op Agreement ☐ Other

Agency Type: ☐ Federal ☐ State ☐ Foundation ☐ Business/Industry ☐ Other
 Agency Contact: _____ Telephone: _____
 How did you hear about this program? ☐ OSP ☐ E-Mail ☐ Agency ☐ Other
 Where will the project be performed? ☐ On-Campus ☐ Off-Campus*
 Is additional space (labs, office...) required to implement project activities? ☐ Yes ☐ No If yes, please obtain approval from Academic Affairs**

PROPOSAL BUDGET

Current Budget Year From / / To / /	IDC Rate	Direct Costs	Indirect Costs	Total Costs
Total Project Period From / / To / /	IDC Rate	Direct Costs	Indirect Costs	Total Costs

Cost Sharing Involved? ☐ Yes ☐ No If yes, please obtain approval*
 Type of Cost Sharing Involved ☐ Cash ☐ In-Kind ☐ Match

Budget Officer _____ Date _____ Comptroller _____ Date _____

REQUIRED ASSURANCES

Animal Use ☐ Yes (approval date _____) ☐ No
Biohazards/Chemicals ☐ Yes (approval date _____) ☐ No
Human Subjects ☐ Yes (approval date _____) ☐ No
Recombinant DNA ☐ Yes (approval date _____) ☐ No

(A yes indicates you have secured the appropriate institutional approvals)

Chair of RISK Committee _____

TIME AND EFFORT PROPOSED/REQUIRED

Extra-Compensation ☐ Yes (approval date _____) ☐ No
Release Time ☐ Yes (approval date _____) ☐ No
Summer Employment ☐ Yes (approval date _____) ☐ No
Other ☐ Yes (approval date _____) ☐ No
None ☐ Yes (approval date _____) ☐ No

Dean _____ Date _____ Department Chair _____ Date _____

PERSONNEL TIME COMMITMENTS FOR THIS PROJECT

Last Name	First	MI	FY	Months	% of Time	Match	Academic	Summer

UNIVERSITY APPROVALS

The Principal Investigator accepts responsibility for any required federal government Financial Conflict of Interest compliance, for the scientific and technical conduct of the project, and for any required progress and final reports if the project is awarded.

NOTE: The Signatures of the Vice Chancellor for Research and the Director of Sponsored Programs merely authorize the P.I. to submit this proposal to the soliciting agency. These signatures are not an authorization or approval for overload or extra compensation.

Dean/Academic Affairs** _____ Date _____ Director of Sponsored Programs _____ Date _____

Chairperson _____ Date _____ Vice Chancellor for Research & Strategic Initiatives _____ Date _____