

Office of Sponsored Programs Proposal Routing Form

Agency Name: _____

Agency Deadline: _____

OSP Proposal No. _____
Office Use Only _____

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

*Draft proposals are due **at least seven** business days prior to the agency's deadline. Proposals requiring approval from the Budget Officer, Comptroller, Provost, and/or Chair of a Risk Committee are due **at least 15** business days prior. OSP reserves the right to refuse the acceptance of **any proposal** that **does not** meet its requirements.*

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

Budget Year 1 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 (Renita Marshall) **Biohazards/Chemicals (Earl Doomes)** **Human Subjects (Reginald Rackley)** **Recombinant DNA (Sanjay Batra)**
Yes (approval/date _____) Yes (approval/date _____) Yes (approval/date _____) Yes (approval/date _____)
No No No No

A yes indicates you have secured the appropriate institutional approval _____ **Patrick Carriere, Chair of Risk Committee**

TIME AND EFFORT PROPOSED/REQUIRED

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

Dean _____ Date _____

Department Chair _____ Date _____

PERSONNEL TIME COMMITMENTS FOR THIS PROJECT

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

The PI accepts responsibility for any financial conflict of interest and compliance for the scientific and technical conduct of the project.
The signatures of the Dean and Chairperson merely certifies acknowledgment and acceptance of this proposal.
The signatures below are not an authorization or approval for overload or extra compensation.

DEAN / VICE CHANCELLOR FOR RESEARCH Date

Signature of the Vice Chancellor for Research is required only if the PI is a Dean.

CHAIRPERSON Date_____
OSP PRE-AWARD SPECIALIST Date