

# 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 10** 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 21** 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  Yes (approval date \_\_\_\_\_)     No  
 Release Time  Yes (approval date \_\_\_\_\_)     No  
 Summer Employment  Yes (approval date \_\_\_\_\_)     No  
 Other  Yes (approval date \_\_\_\_\_)     No    None

\_\_\_\_\_ 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.**

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

\_\_\_\_\_ DEAN / VICE CHANCELLOR FOR RESEARCH    \_\_\_\_\_ Date

\_\_\_\_\_ CHAIRPERSON    \_\_\_\_\_ Date

\_\_\_\_\_ OSP PRE-AWARD SPECIALIST    \_\_\_\_\_ Date