

## PROPOSAL ROUTING FORM

A completed Proposal Routing Form along with a final proposal must be received by Grants Administration **SEVEN (7) DAYS** prior to the sponsor due date.

Lead Principal Investigator (PI) Name: Email: College/Unit: Department:												
PROJEC	CT TITLE:											
SPONS	OR:					CFDA #:						
If Roser	man is a sul	bcontracto	r, identify pri	me fundin	g agency:							
	n Solicitatio											
Proposal Type: Sponsor Type				A		Project Purpose: NIH Mechanism:						
		BUDGET	INFORMATIO	ON			INDIRECT COSTS					
Project Period:		Start:	Start:		End:		e: Base: Based on:					
		First Year		Total Project		COST SHARE						
Direct C	Costs											
Indirect Costs						Cost	Cost Share: Yes No					
Cost Share						If Yes	If Yes is cost share:					
Total					Cost	Cost Share Required (%):						
Subaw	ards Includ	ed?	Yes No	Subav	vard Instituti	on(s):						
				PROJEC	T PERSONI	NEL (Ro	seman	only)	T	Unfunded		
Name			College/U		/Unit D			Role on Project	Funded Effort	Effort (Cost Share)		
Yes No FEDERAL COMPLIANCE						Yes No	es No UNIVERSITY COMMITMENT					
Human Subjects		Pending Approved Date				Additional Space or Facilities Needed						
	Animals		Pending Approved Date				Reno	Renovation to Existing Space or Facilities Needed				
Biological Hazards and			d/or Recombinant DNA				Funds Budgeted for Faculty Buy-Out					
Radioactive Materials/Hazardous Ma			laterials			Risk Management Assessment Completed						
	Any activity	that may b	e subject to E	Export Conti	rols		Other: List					

RESE	ARCH SUMMARY/COMME	NTS: (Incl	ude a few sentences about you	r proposed researd	ch and any other relevant informat	tion)				
	CERTIFICATIONS A	_			TOR AND CO-INVESTIGATOR	S				
1	Canfliat of Interest: The DI		ttach additional signature p			root Doliny				
					and Roseman's Conflict of Intersor restrictions imposed by Ros					
	manage, reduce or eliminate			ntil ally collations	3 of restrictions imposed by No.	seman to				
2.	Debarment/Suspension: The	ne PI and	Co-Is certify they are not deba	arred or suspend	ed form doing business with the	e Federal				
				ledge, that all per	sonnel or subcontractors listed	in the				
	proposal are not debarred or			Cala cortifu that	thay baya completed all require	d Vartabrata				
	Animal and/or Human Subjec			Co-is certily that	they have completed all require	u vertebrate				
	PI Understandings:	oto manning	g, ii applicable.							
a) If an award is made, I understand that I am responsible for the technical conduct of the project and will comply with award										
	terms and conditions of the award, as well as University policies and procedures; submission of required progress reports and									
			liance; and the management							
					tion, shipping, new space, rend assume any of these costs with					
			nd approved by the Departme		addante any or those decis with	11 1110				
	c) By my signature below, I	am attest	ting that the information conta	ined on this form	and within this application is tru					
			ny false, fictitious, or frauduler	nt statement/clain	ns made by me may subject me	to criminal,				
5.	civil, or administrative pe		a following assurances to be s	ianed by the DLa	nd retained prior to submitting a	an application:				
					urate to the best of the PI's known					
					to criminal, civil, or administra					
	penalties; and									
			onsibility for the scientific coi result of the application.	nduct of the proje	ect and to provide the required	progress				
6. <b>D</b>	ean/Chair/Supervisor Cert									
				sal; confirmation	that it is consistent with the dep	partmental,				
					ments described in the proposa	l including				
	those involving space, equipr	ment, pers	sonnel, release time, cost sha	ring & conflict of i	nterest.					
Princ	cipal Investigator	Date	Chair/Unit Head	Date	Dean (or Designee)	Date				
C- [	N/Co Investigator	 Date	Chair/Hait Haad		Door (or Dooises)					
Co-PI/Co-Investigator Date		Date	Chair/Unit Head	Date	Dean (or Designee)	Date				
Co-I	avestigator.		Chair/Unit Head	 Date	Dean (or Designee)	 Date				
Co-Investigator Da		Date	Gridii/Oriil Ficau	Date	Dean (or Designee)	Dale				
Cent	er Director (If Applicable)	 Date			Grants Administration	 Date				