

Proposal Routing Form #:

PRINCIPAL INVESTIGATOR AND OTHER KEY STAFF

Name: _____ Role in Project: _____
 Contact Information: _____

PROJECT DETAILS

Funding Entity: _____
 Funding Entity Type: _____ CFDA/ASL #: _____
 Link to Solicitation: _____
 Agreement Type: _____ If Other: _____
 If Subcontract, identify source of prime award: _____
 Project Type: _____ If Other: _____
 Project Dates: _____ Begin: _____ End: _____
 Project Location: _____
 Purpose (Summary): _____

BUDGET DETAILS (attach proposal and budget to expedite review and approval):

Line Item	Year 1 Total	Total Project
Total Direct Costs		
Indirect Costs		
Matching (Requires Approval)		
TOTAL REQUEST		

RESEARCH COMPLIANCE (check all that apply to assist the Office of Research in providing support):

<input type="checkbox"/> Faculty Release Time Requested	<input type="checkbox"/> Extra Compensation Requested
<input type="checkbox"/> Human Subject Research (IRB)	<input type="checkbox"/> Vertebrate Animal Subjects (IACUC)
<input type="checkbox"/> Foreign Travel	<input type="checkbox"/> Interaction With Foreign Entities/Individuals
<input type="checkbox"/> Biosafety, Radioactive, Bloodborne (IBC)	<input type="checkbox"/> Clinical Trials
<input type="checkbox"/> Buy American	<input type="checkbox"/> Procurement of Single Item \$5,000 or higher
<input type="checkbox"/> Intellectual Property Disclosure	<input type="checkbox"/> Renovation/Construction or Additional Space
<input type="checkbox"/> Dual-Use Research Concerns, Items on CCL	<input type="checkbox"/> Other: Click or tap here to enter text.

RESEARCH OFFICE ONLY:

<input type="checkbox"/> Annual COI Disclosure / NIH FCOI Certificate	<input type="checkbox"/> Debarment and Suspension Scan (Sam.gov)
<input type="checkbox"/> Responsible Conduct of Research Certificate	<input type="checkbox"/> Entry into AmpliFund for Reporting

SIGNATURES AND APPROVALS

By signing below, I hereby (i) approve this Proposal Routing Form, (ii) attest that the information in this Proposal Routing Form is accurate and correct, (iii) agree to comply with all applicable institutional policies

and applicable laws, rules and regulations, and (iv) agree that the Principal Investigator shall be responsible for stewarding all applicable funding and preparing all applicable reports.

Principal Investigator

Department Chair (or Supervisor)

Academic Dean (or Supervisor)

Office of Research