Request for External Funding- Proposal Routing Form

1. Investigator and Proposal Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Title: | |  | | | | | | | | | |
| Funder: | |  | | | Funder Type: | | | Private | | Federal | State |
| Project Lead (PI): | |  | | | Co-Lead/Investigators: | | |  | | | |
| PI Phone: | |  | | | Co-PI Phone: | | |  | | | |
| Department: | |  | | | Co-PI Dept: | | |  | | | |
| Other UNA Faculty and/or Staff Involved: | | |  | | | | | | | | |
| Total Project Period: | From: | |  | |  | To: |  | |  | | |
| Type of Submission: | New | | | Continuation | | Funder Deadline: | |  | | | |
| Type of Project: | Research | | | Training | | Public Service | | Event | | Other | |
| (Can be more than one category) | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget:** | **Direct Costs** |  | **Indirect Costs** |  | **Total Requested** |  | **Indirect Rate %** |
| Requested Costs: |  |  |  |  |  |  | 43.6 |
|  | **Amount** |  | **Waived Indirect** |  | **Salary** |  | **Budget Source** |
| Cost Share/Match | $0 |  | $0 |  | $0 |  | 0 |
|  | | | | | |  |  |
|  | | | | | |  |  |

1. Special Review Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Will Your Project Involve: (**Documentation of approvals must be submitted to OGSP before an award can be processed.) | | | |
|  | Human Subjects (Institutional Review Board) |  | Controlled Substances (Environmental & Safety) |
|  | Animal Research (Institutional Animal Care and Use Committee) |  | Biohazards or Recombinant DNA (Environmental  & Safety) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Requirements:** | **Yes** | **No** | **If yes, please explain:** |
| Does this project have a confidentiality agreement, proprietary information, or material transfer agreement? |  |  |  |
| Is this project subject to export control? |  |  |  |
| If the project involves defense articles or dual use materials or technologies and has an international component through foreign purchases or expenditures, travel, subcontracts, consultants, personnel, transfer of information or equipment, or performance site, it is subject to export control regulations. A technology control plan is required and an export control license may need to be obtained. |  | |  |
|  |
| Will your project require additional technology or tech support? |  |  |  |
| Information Technology Services should be contacted regarding data security, back-up, preservation, remote access and storage services, software quotes and minimum hardware specifications. |  | |  |
| Is faculty release time requested?  (See attached effort commitment) |  |  |  |
| Is extra compensation to UNA faculty or staff requested? |  |  |  |
| Will this proposal require new full-time staff and/or faculty to be hired? |  |  |  |
| Is more space required? |  |  |  |
| Will students be hired from these grant funds? |  |  |  |

1. In the case of a subcontract, please explain the choice of the subrecipient(s).

**4.** **Brief Summary of Project (Please do not exceed space provided)**

1. University Approvals (To be obtained in sequence):

By signing, I am certifying that: (1) I have filed any applicable Conflict of Interest forms that relate to UNA University. These forms indicate that I will cooperate in the development of a Memorandum of Understanding that constitutes a conflict of interest “resolution plan” if a conflict of interest or potential conflict of interest is found to exist that relates to this proposal and to comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award; (2) the information submitted within the application is true, complete and accurate to the best of my knowledge; (3) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties; and (4) I agree to accept responsibility for the conduct of the project and to provide the required reports if an award is received as a result of this application.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Principal Investigator or Project Lead |  | Date |
|  |  |  |
| Co-Principal Investigator (if applicable) |  | Date |

The Principal Investigator is responsible for securing his/her Dean’s signature if Academic Affairs or Appropriate VP’s signature if Other. After the Dean or VP signs off on this proposal routing sheet, please submit to OGSP for the remaining signatures. **Please allow up to five business days for routing of signatures, and attach your proposal narrative and budget to this form.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Department Chair if Academic Affairs – Supervisor if Other Division |  | Date |
|  |  |  |
| Dean(s) if Academic Affairs – VP if Other Division |  | Date |
|  |  |  |
| OGSP Director |  | Date |
| Grant Accountant (Budget Reviewed) |  | Date |
|  |  |  |
| CFO/VPBFA |  | Date |
|  |  |  |

**Use the space below for post-award approvals if necessary**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| CFO/VPBFA Post-Award Budget Approval |  | Date |