

**OFFICE OF RESEARCH & SPONSORED PROGRAMS (OSP)**

**PROPOSAL ROUTING AND APPROVAL FORM**

* **Please** **contact OSP** **via email as soon as you decide to submit a proposal and share the funding announcement details.**
* **Proposal routing packages are due (5) business days before the sponsor deadline and includes the completed routing form, budget, budget justification (if required by sponsor) and a project summary or abstract.**
* **Final proposal packages with all required documents must be submitted at least (2) business days before the sponsor deadline to OSP for the final administrative review and formal submission of the final proposal.**
* **OSP cannot guarantee a full administrative review before submission if these timelines are not met.**
1. **Principal Investigator (PI)/Project Director (PD) Information**

Proposal Deadline: Click here to enter a date.

Time Due (*including Time Zone*):

Proposal Submission Type: [ ] Electronic [ ] Paper

PI/PD Name:

PI/PD Title:

PI/PD Department:

1. **Project Information**

Full Proposal Title:

Short Proposal Description (2-5 sentences max.):

Sponsor Name:

Prime Sponsor (if applicable):

Project Start Date: Click here to enter a date. Project End Date: Click here to enter a date.

Program Announcement Name       Number:

Proposal Type: [ ] New [ ] Resubmission [ ] Renewal [ ] Non-Competing Continuation [ ] Supplement

Project Activity: [ ] Research [ ] Service [ ] Instruction [ ] Other

How were you made award of this program opportunity? (Select only one):

 [ ] CSU-P Colleagues [ ] External contacts [ ] Sponsor Contact [ ] SPIN [ ] OSP

 [ ] Other (please explain)

PI/PD/Proposal Comments:

1. **Institutional Information**

 YES NO

1. [ ]  [ ]  Will the proposed project involve human subjects?

If yes: Will the proposed project involve a research study in which one or more human participants are prospectively assigned to one or more Interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes? [ ]  Yes [ ]  No

IRB approval date       and Protocol #       **or** planned submission date of application to the IRB:

2. [ ]  [ ]  Will the proposed project involve animals?

If yes, IACUC approval date:       and Protocol #     .

3. [ ]  [ ]  Will the proposed project involve Biosafety/Recombinant or Synthetic Nucleic Acid Molecules,

Radioisotopes/Hazardous/Toxic Substances? If yes, IBC approval date:       and IBC #     .

4. [ ]  [ ]  Will the proposed project involve human blood, bodily fluids or tissue?

If yes: IBC approval date:       and IBC #     .

5. [ ]  [x]  Do you anticipate any curriculum changes or additions?

6. [ ]  [ ]  Do you propose to provide additional compensation for yourself and/or to any University

 employee?

*(****Note****: this excludes faculty summer salary, up to 3 months effort from all sources.)*

*If yes, specifics must be clearly stated in the proposal budget narrative and approval obtained from the sponsor. Note: State and Federal laws place significant restrictions; additional compensation is only allowed in special circumstances.*

7. [ ]  [ ]  Is the PI or Co-PI(s) requesting reassigned time?

8. [ ]  [ ]  Will part of the proposed project be subcontracted outside CSU-P? If yes, for each proposed

 subcontract, attach a completed subrecipient commitment form and required documents.

9. [ ]  [ ]  Does the proposed project require additional space/facilities?

10. [ ]  [ ]  Does the proposed project have technology needs, such as purchase of a server, wiring of facilities, installation of new software or equipment, production or video conferencing?

*If yes, contact the CIO in the Information Technology Office to discuss needs and budget implications*.

11. [ ]  [ ]  Will the proposed project or the broader impacts include bringing minors on campus?

12. [ ]  [ ]  Will the proposed project generate income, such as workshop fees, sales of educational material

or tuition? If yes, describe:

13. [ ]  [ ]  Is this proposal a result of a CSU-P SEED/SURP or ICR award?

14. [ ]  [ ]  Will the project require participation of foreign nationals/entities (includes individuals who are

not U.S. citizens and those who do not have permanent U.S. residency)?

If yes, describe:

15. [ ]  [ ]  Does this project involve travel to a foreign country?

If yes, describe:

16. [ ]  [ ]  Does this project involve visitors from a foreign country?

If yes, describe:

17. [ ]  [ ]  Does this project involve the delivery of hardware, software, materials or biological to a foreign

national/person?

If yes, describe:

18. [ ]  [ ]  Does this project involve the exchange of written or verbal data or reports with a foreign

national/person (could include foreign students sharing space where the project is being conducted)?

If yes, describe:

19. [ ]  [ ]  Will the project have foreign national restrictions and/or require sponsor prior approval of

foreign nationals working on the project?

If yes, describe:

20. [ ]  [ ]  Will the project require work be performed in a foreign country?

If yes, describe:

21. [ ]  [ ]  Will the subject matter/technology/material be subject to the International Traffic and Arms

Regulations (ITAR)?

If yes, describe:

22. [ ]  [ ]  Will the project require the use of another party’s proprietary (restricted) information or

materials?

If yes, describe:

23. [ ]  [ ]  Will there be publication restrictions and/or sponsor approval of publications?

***Note:*** *Institutional permission is required to accept restrictions; contact OSP to further discuss.*

1. **Budget Information** (Please include a detailed budget justification/narrative for review.)

Negotiated indirect cost rate (salary & wages only) used? [ ]  Yes [ ]  No

If no, what are the sponsor requirements? [ ]  Indirect costs not allowed**\*** ***or***      % based on

 [ ]  MTDC (modified total direct cost [ ]  TDC (total direct cost)

 **\*If the Indirect cost is *not* allowed by Sponsor, then President approval is required for submission.**

Total *Direct Costs* Requested (see budget template near bottom of Column AD): $

Total *Indirect Costs* Requested (see budget template near bottom of Column AD note): $

Total *Indirect Cost* *Rate* *Calculation* (Facilitates & Administrative Overhead Costs aka F&A):

 Calculated at:      % of:

 [ ] Salaries & Wages (S&W minus Fringe) or

 [ ] Modified Total Direct Costs (MTDC) or

 [ ] Total Direct Costs (TDC)

*Total Project* Costs (see budget template near bottom of Column AD note): $

**Reassigned Time?** [ ] Yes [ ] No If yes, how many credits requesting?

**Dean approval?** [ ] Yes [ ] No ***Dean initials:***

**Course Release** (Please list the name of each person that is requiring course release and number of credits which should match information budget template; Cells B6-9 and C6-9. **Dean approval needed and Dean initials needed next to each line**.)

Name:       Number of Court Credits for Release:

**Dean approval?** [ ] Yes [ ] No ***Dean initials:***

Name:       Number of Court Credits for Release:

**Dean approval**? [ ] Yes [ ] No **Dean Initials:**

Name:       Number of Court Credits for Release:

**Dean approval?** [ ] Yes [ ] No **Dean Initials:**

Name:       Number of Court Credits for Release:

**Dean approval?** [ ] Yes [ ] No **Dean Initials:**

**Cost Sharing Information:**

Is there ***REQUIRED*** cost share, matching, or in-kind contributions required for this proposal? [ ] Yes [ ] No

***(Please note: any cost sharing, matching, or in-kind contributions will need to be outlined in the budget justification and approved by the respective units and source of funds. Final approval will come from the Provost.)***

If cost sharing/matching is **not** **required** and you are including it ***voluntarily***, please explain why:

Source of Matching Funds:       Account Number:

Fiscal Officer Name:       Fiscal Officer Signature:

Source of Matching Funds:       Account Number:

Fiscal Officer Name:       Fiscal Officer Signature:

Source of Matching Funds:       Account Number:

Fiscal Officer Name:       Fiscal Officer Signature:

1. **PI/PD Assurances**
2. As PI, I certify the following (by initialing each line):
* ­­The information provided about this proposed project and submitted within the application is true, complete, and accurate to the best of my knowledge.
* Any false, fictitious, or fraudulent statements or claims may place me at criminal, civil, or administrative penalties.
* I have not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by a Federal department or agency.
* I accept responsibility for the scientific conduct of the project and will provide the required progress reports if a grant/contract is awarded as a result of the application.
* I ensure all personnel will complete any training required by CSU-Pueblo and/or the Sponsor.
* My annual conflict of interest disclosure is current.
* My responsible conduct of research training is current.
* I will direct this project in compliance with OSP and CSU-Pueblo policies as well as the terms and conditions of award/agreement with the sponsor and with all applicable laws and regulations, including export controls, misconduct in research, conflict of interest, intellectual property, and the use of humans and animals and biohazards in research.
1. Conflicts of Interest: Do you have any financial or other personal interests, which could, or could have the appearance of influencing the design, conduct, or reporting of the proposed project? [ ] YES [ ] NO

If yes, please describe or attach a copy of a Conflict Management Plan:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PI/PD Signature Date**

**Department Review/Approvals**

(The PI is required to obtain the Department signatures required below.)

I/We certify that the proposal and accompanying documents have been reviewed. The department and college are aware of all requirements of this project and are committed to providing them.

**Dept. Chair Printed Name or Supervisor Name, whichever is applicable**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dept. Chair Signature *or* Supervisor Name, whichever is applicable Date**

**College Dean Printed Name, if applicable**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Dean Signature, if applicable Date**

1. **Institutional Review/Approvals** (OSP will obtain the Administrative signatures required below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORSP Pre-award Specialist Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORSP Executive Director Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director of IT Signature, if applicable Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procurement Signature, if applicable Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Controller Signature, if applicable Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provost Signature Date**

**OSP Only:**

|  |  |
| --- | --- |
| Date Received:  |       |
| Proposal #: |       |
| OSP Reviewer:  |       |
| Date/Time Sub.: |       |

OSP Proposal Comments: