

SPONSORED PROJECTS ADMINISTRATION

Proposal Routing Form

PROJECT TITLE

BRIEF NARRATIVE

Please provide a brief narrative/summary (in layman's terms) suitable for public announcement if this proposal is awarded.

PRINCIPAL INVESTIGATOR

Course Buy-Out Reimbursable % Effort # Months

PI Last Name PI First Name

Summer Effort

Co-PIs / Co-INVESTIGATORS

Co-PI Last Name

Co-PI Last Name

Co-PI First Name

Department/Center

Course Buy-Out Reimbursable % Effort # Months

Academic Year Effort

Calendar Year Effort

Co-PI Last Name

Co-PI First Name

Department/Center

Course Buy-Out Academic Effort # Months

Academic Year Effort

Calendar Year Effort

Cal Yr Effort

APPLICATION INFORMATION

Application Type Activity Type Sponsor Name

Proposals for corporate or foundation gifts, please contact Corporate & Community Relations at x 8200

PROPOSED PROJECT PERIOD & BUDGET

Start Date End Date F&A Rate Total Direct Costs Total F&A Costs Total Proposal Costs

Reduced F&A: Attach sponsor documentation of reduced rate, or internal approval.

SUBAWARD(S)

Subaward Institution Name Subaward Institution Type Subaward Amount

Subaward Institution Name Subaward Institution Type Subaward Amount

*Uniform Guidance (CFR 200.330) requires a case-by-case determination whether an agreement involving federal funds casts the party receiving the funds in the role of subawardee or a contractor. The same methodology will be used by Sponsored Projects Administration to determine appropriate agreement for other non-federal funds.

CONFLICT OF INTEREST

If you have completed a COI form in the past 12 months, please e-sign below to certify that there are no changes to your COI declaration.

PI signature 1st Co-PI signature 2nd Co-PI signature 3rd Co-PI signature

SPA confirmation of COI on file within 12 months of proposal date:

4th Co-PI signature NAME: DATE of COI:

If you have not completed a Conflict of Interest Form in the past 12 months, please click the appropriate box, complete the form, and submit with this PRF.

v6 v6/20/18

		SIDERATIONS										
Is adequ	uate spa	ace available for the	period o	of the p	proposed project? Yes	No		Attach appr	opriate approvals	for installations, s	space renovations	or modifications.
Building	and roo	om number where p	roject wi	ll be co	onducted: BLDG:			RO0	OM#:			
Does yo	our proje	ct include IT equipm	nent, add	ditiona	al data storage requiremen	ts & serv	ice cont	racts not rei	imbursed by t	he sponsor?	Yes 1	No
Will this	project	generate inventions	/patents	? Ye	es No							
YES	NO	I	YES	NO		YES	NO					
		Hazardous Waste			Additional Personnel					fety Commit	tee) biohazaro	ds, rDNA,
		IRB (human subjects)			Lasers			select age	ents, etc. ontrolled Infori			
		IACUC (animals)			SCUBA			·				
		Radioisotopes			Infectious Agents							
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&A / INI	DIREC [.]	FALLOCATION										
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