



## EXTERNAL FUNDING ROUTING FORM

SUU Proposal # \_\_\_\_\_

*The Office of Sponsored Research and Grants is committed to providing prompt proposal review. Proposals can only be processed if all issues listed on these pages are properly addressed prior to submission. All requested supporting attachments must be included with the proposal.*

| To Be Completed by Project Director                      |                   |    |                               |                  |                        |  |
|--|-------------------|----|-------------------------------|------------------|------------------------|--|
| Principal Investigator/Project Director/Co-investigators | School/Department | T# | 1 <sup>st</sup> Academic Year |                  | 1 <sup>st</sup> Summer |  |
|  |                   |    | %Effort or Months             | Units of Release | % Effort or Months     |  |
| PI/PD:   |                   |    |                               |                  |                        |  |
| Co-PI:   |                   |    |                               |                  |                        |  |
| Co-PI:   |                   |    |                               |                  |                        |  |
| Co-PI:   |                   |    |                               |                  |                        |  |
| Co-PI:   |                   |    |                               |                  |                        |  |

Proposal Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Prime Sponsor (If Flow-through): \_\_\_\_\_

Period Covered: (mm/dd/yyyy) From: \_\_\_\_\_ To: \_\_\_\_\_

| Proposal Deadline Date: _____   |                                  |                               |                                  |
|---------------------------------|----------------------------------|-------------------------------|----------------------------------|
| Type of Sponsor<br>(Select One) | Type of Proposal<br>(Select One) | Type of Award<br>(Select One) | Type of Activity<br>(Select One) |
| Federal                         | Continuation                     | Contract                      | Equipment                        |
| CFDA # _____                    | New                              | Cooperative Agreement         | Instructional                    |
| Federal Flow-through            | Pre-Proposal                     | Fellowship                    | Material Transfer                |
| CFDA # _____                    | Renewal                          | Grant                         | Research:                        |
| Foundation:                     | Revision                         | Sub-Contract*                 | Applied                          |
| Non-profit                      | Supplement                       | Fixed Price Contract          | Basic                            |
| For-profit                      |                                  |                               | Service:                         |
| Industry                        |                                  |                               | Academic                         |
| International                   |                                  |                               | Public                           |
| State/Local Gov.                |                                  |                               | Student                          |
|                                 |                                  |                               | Training                         |

Requested Funds: \$ \_\_\_\_\_ F&A Indirect Costs: \$ \_\_\_\_\_

\*Amount to Subcontract for Total Project (if applicable) \$ \_\_\_\_\_

Does the project include Cost-sharing or Matching Funds? Yes No

If so, is it Mandatory Voluntary

Sponsor Requirements attached (if any)? Yes No

| Unit   | Total In-Kind Match | Total Cash Match | Commitment Length (yrs.) | Authorizing Signature |
|--|---------------------|------------------|--------------------------|-----------------------|
| Department Chair/Unit Head   |                     |                  |                          |                       |
| Dean   |                     |                  |                          |                       |
| Grants Director  |                     |                  |                          |                       |
| Authorized Institutional Representative  |                     |                  |                          |                       |
| <b>Amount of Cost Sharing for Total Project</b> <i>(if applicable)</i><br>\$ _____ |                     |                  |                          |                       |

What level of effort (in months) is proposed in other current or pending projects? \_\_\_\_\_

- |     | YES | NO | N/A |   |
|-----|-----|----|-----|---|
| 1.  |     |    |     | Will this project require hiring of (new) personnel? If so, please specify below, the position title, type of employment (full or part-time), or if current SUU employees are being transferred to this project:<br><br>_____ |
| 2.  |     |    |     | If a new employment position is required, has each new position's proposed job description been reviewed and approved by Human Resources?   |
| 3.  |     |    |     | Will additional space be required for the proposed project?   |
| 4.  |     |    |     | Will available space require alteration, utility modification or environmental safety modification?   |
| 5.  |     |    |     | Will this proposal in any way involved human subject with or without risk?<br>IRB # (if applicable) _____   |
| 6.  |     |    |     | Is Responsible Conduct of Research (RCR) training required?   |
| 7.  |     |    |     | Will animals, as experimental subjects, be involved?  |
| 8.  |     |    |     | Does the research involved recombinant DNA molecules?   |
| 9.  |     |    |     | Will security classifications, publication restrictions, or patents be involved?  |
| 10. |     |    |     | Does the proposed project contain potential patentable ideas or intellectual property, I.E. software, etc.?   |
| 11. |     |    |     | Does the proposed sponsor impose restrictions on freedom to publish research results?   |
| 12. |     |    |     | Will computer equipment be purchased or leased?   |
| 13. |     |    |     | Will the project involve any workshops, off campus instruction, summer session courses or similar activities?   |
| 14. |     |    |     | Will international activities be involved?  |
| 15. |     |    |     | Will additional insurance be required?  |
| 16. |     |    |     | Does this project involve student financial aid or student support?   |
| 17. |     |    |     | Will consultants be used?   |
| 18. |     |    |     | Does the proposed project pose any actual or perceived conflict of interest?  |

**Comments:**

**Approvals: THIS PROPOSED PROJECT IS COMPATIBLE WITH THE GOALS OF THE UNIVERSITY, THE COLLEGE, THE DEPARTMENTS, AND THE UNITS INVOLVED.**

**ACCORDINGLY, IT HAS MY RECOMMENDATION.**

**BY SIGNING THIS FORM, THE PROJECT DIRECTOR AGREES TO ABIDE BY ANY SPONSOR OR UNIVERSITY REGULATIONS THAT APPLY.**

**Signature:**

\_\_\_\_\_  
Project Director/Principal Investigator

\_\_\_\_\_  
Date

*I certify that I/we have read and understood the institution's conflict of interest policy and that I/we have made all required financial disclosures, and that I/we will comply with any conditions or restrictions imposed by the institution to manage, reduce, or eliminate actual or potential conflicts of interest.*

\_\_\_\_\_  
Department Chair/Unit Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Office of Sponsored Research and Grants

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Institutional Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Foundation Relations

\_\_\_\_\_  
Date

\_\_\_\_\_  
Space Committee/Facilities Management

\_\_\_\_\_  
Date