



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 st Academic Year		1 st Summer
			%Effort or Months	Units of Release	% Effort or Months
PI/PD:					
Co-PI:					
Co-PI:					
Co-PI:					

What level of effort is proposed in other current or pending projects? _____

Proposal Title: _____

Sponsor: _____ Prime Sponsor (If Flow-through): _____

Period Covered: (mm/dd/yyyy) From: _____ To: _____

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

Are indirect costs allowed by sponsor? Yes No % _____ of _____

Have indirect costs been waived (if yes, attach F&A waiver form)? Yes No

Total Requested Funds: \$ _____ F&A Indirect Costs: \$ _____

Total Subcontractor/Consultant Fees to be Charged (if applicable) \$ _____

Documentation from Sub-Contractor/Consultant Required

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				

Amount of Cost Sharing for Total Project (if applicable)

\$ _____

YES NO N/A

- . 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:

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?
IRB # (if applicable) _____
- . 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?
0. Does the proposed project contain potential patentable ideas or intellectual property, I.E. software, etc.?
1. 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