



Policies and Procedures for Grants Administration

3.2 Proposal Routing Form

Principal Investigator/Project Director

PI/PD Name:

PI/PD Email:

Department/Unit:

PI/PD Direct Supervisor:

List all Co-PI/PDs, Senior/Key Personnel, and other employees:

Funding Agency

Sponsor:

Type of Agency: --Select from Menu--

CFDA/ALN:

Solicitation Link:

Submission Due Date:

Method of Submission: --Select from Menu--

Financial Request (Attach Budget)

Period of Performance:

Total Year 1 Request:

Total Indirect Costs:

☐ Included Cost-Sharing or Matching

☐ Waived Indirect Costs

☐ No Indirect Costs Allowed

Regulatory Compliance (Check All Appropriate)

☐ Faculty Release Time

☐ Undergraduate Students

☐ Facility Modification

☐ Vendor Selection

☐ Human Subject Research

☐ Domestic Travel

☐ Use of AI in Activities

☐ Intellectual Property

☐ HIPAA Security

☐ Faculty/Staff Extra Compensation

☐ Graduate Students/Tuition Remission

☐ Additional Insurance Coverage

☐ Subcontracts to Other Entities/Persons

☐ Institutional Animal Care and Use

☐ Foreign Transfer or Communication

☐ Conflict(s) of Interest

☐ RCR Training is Required

☐ FERPA and Student Record Security

☐ Faculty Summer Hours

☐ Hourly Graduate Students

☐ Equipment Procurement

☐ New Hires/Human Resources

☐ Biosafety & Bloodborne Risks

☐ International/Foreign Travel

☐ Proposed Publication

☐ MOUs Required

☐ Other (attach documentation)

Assurances

I certify to the best of my knowledge and belief that the report is true, complete, accurate, and is a wholly original document. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Approvers certify that they have reviewed the proposal and accept the administrative responsibility and oversight of the PI/PD in his/her administration of an award, will comply with applicable Federal regulations (including Title 2), and will ensure that cost-sharing, matching, and/or cost overruns will be provided by the department or academic unit of the PI/PD's supervisor, unless otherwise indicated.

PI/PD Name and Date:

Supervisor Name and Date:

OGA/CRO Name and Date:

Dashboard Code: