

Tuskegee University Office of Sponsored Programs Internal Proposal Routing Form

Complete, sign, and submit proposal documents to **OSP twenty-one (21) business days** prior to the submission deadline.

OSP No: _____

Proposal Title:	
Principal Investigator:	Co-PI 1:
Department:	Department:
Campus Address:	Co-PI 2:
Campus Phone:	Department:
Campus Fax:	Co-PI 3:
E-mail Address:	Department:

Project Type: <input type="radio"/> Instruction <input type="radio"/> Research <input type="radio"/> Public Service <input type="radio"/> Student Services <input type="radio"/> Fin. Aid/ Scholarships	Award Term: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Competing Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission	Award Type: <input type="radio"/> Grant <input type="radio"/> Contract <input type="radio"/> Subcontract <input type="radio"/> MOA/MOU	CFDA: _____ Protocol consent form must be routed to an IRB	Project Involves: <input type="checkbox"/> Human Subjects <input type="checkbox"/> Animal Subjects <input type="checkbox"/> Biohazards <input type="checkbox"/> Radiation
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Sponsor/Funding Agency:		Sponsor Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Government <input type="checkbox"/> Private <input type="checkbox"/> International <input type="checkbox"/> Federal Flow-thru <input type="checkbox"/> Appropriation
Program to which you are applying:		
Sponsor Contact Name & Title:		
Sponsor Mailing Address:		
Sponsor Phone:	FAX:	
Is electronic submission required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Deadline:	Receipt date? <input type="checkbox"/>	Postmark? <input type="checkbox"/>

Begin Date: _____ **End Date:** _____

PROJECT BUDGET SUMMARY

Indirect Cost Information	Period	Direct \$	Indirect \$	Total \$	Match \$** <small>M/CS requires completion of the M/CS Form</small>
Applicable Federal Rate*	Year 1				
Requested Rate*	Year 2				
<input type="checkbox"/> Sponsor restricted rate (attach guidelines)	Year 3				
	Year 4				
*If reduced or waived, attach an Indirect Cost Waiver Form	Year 5				
	Total				

University Match** <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary	**Please list source of matching funds (if applicable):	
	1) Unit:	GL No: _____
	2) Unit:	GL No: _____

Is there equipment budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is tuition budgeted for students? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are subawards included in budget? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list number of subgrants included here: _____

To: _____ *Please attach Subrecipient Commitment Form(s)

Project Space Requirements: A "Yes" answer on either of these items requires consultation with VP for Capital Projects. (a) Project requires new space/construction? Yes No
 (b) Project requires renovations of existing space? Yes No

Conflict of Interest Certification

<i>If "yes" to either or both questions, please explain on an attached sheet.</i>	PI	Co-PI 1	Co-PI 2	Co-PI 3
Will/do you or any member of your household or grant staff benefit in cash exceeding \$5,000 a year from, or own more than 5% of the voting stock or controlling interest in the above sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your household or grant staff affiliated with the above sponsor or with an external agency in any way that will hinder your abilities to fulfill obligations to TU, its students or your colleagues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**** MAKE SURE THAT BOTH PAGES OF THE ROUTING FORM ARE COMPLETED AND ATTACHED WITH YOUR PROPOSAL ****

Time and Effort (Use current salary/fringes) on Project						
Name	Academic Yr or Summer?	Time and Effort	Annual Salary	Requested Salary	Current Fringes	Total Salary
					25.00%	
					25.00%	
					25.00%	
					25.00%	
					25.00%	
					25.00%	

Approvals (PI should secure signatures before requesting administrative approval from Sponsored Programs)

Principal Investigator:	Co-PI 1:	
Co-PI 2:	Co-PI 3:	

In signing this IPRF, I understand and accept responsibility for the design, execution, and management of this project, including the project budget, and any applicable reports in accordance with funding program guidelines and the policies of the University, if awarded; I have provided complete disclosure of any financial interests that present an actual or potential conflict of interest; and I am not delinquent in submitting final project reports to sponsors from previous grants I have received; and **I will ensure that all staff and students working on the project have read, understand, and comply with the University's policies on Intellectual Property, the Drug Free Workplace, Conflict of Interest, Risk Management and other University Research requirements, as well as all federal, state and local regulatory agency requirements related to the project.**

Department Head:	Date:
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In signing this IPRF, I certify that the project's activities and purpose are consistent with the mission of the University and academic unit; **PI and/or Co-PI(s) workloads are within 100% of effort; facilities and space, and other unit resources necessary to complete the proposed project are available***** to the project or provisions have been arranged within the unit to make such space or other institutional resources available in the event an award is made (**enclose signed agreement**).

Center Director/Dean:	Date:
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In signing this IPRF, I certify that the project's activities and purpose are consistent with the mission of the University and academic unit, and that approval by the Department Head and/or Center Director, or me in absence of such **signatures, signifies that adequate support and resources will be available in the event an award is made including provisions for expensive service contracts **** required of sensitive and specialized instrumentation (enclose signed agreement).**

Sponsored Programs Use Only

VP for University Advancement/Development (only if foundation, etc)	Date:
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Chief Information Officer: (only if IT infrastructure is involved)	Date:
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Provost: (only if cost-sharing and matching is involved)	Date:
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OSP Staff:	Date:	In signing this IPRF, I certify that the budget, format, representations, and other requirements are correct. I certify that the project meets the standards of federal, state, and/or local requirements, that the application will be submitted in accordance with University policy, that all appropriate signatures have been obtained, and that all compliance requirements have been met.
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VP for Research	Date:	In signing this IPRF, I certify that the proposal meets the requirements and standards of the University.
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Return to the Provost office electronically a pdf with copy of final IPRF, abstract, and Aims of submission

*Projects submitted at the last minutes will be automatically placed on a queue for processing at the following cycle.
 **Projects that require matching must be accompanied by appropriate documentation of assurance
 ***Approved and signed agreements for
 ****Projected defrayment % by users, or institutional guarantees must be demonstrated



Conflict of Interest Disclosure form

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the employee's material interests or relationships (especially economic), particularly if those interests or commitments are not disclosed. The conflict of interest form should indicate whether the employee has an economic interest in or acts as an officer or a director of any outside entity whose financial interest would reasonably appear to be affected. The employee or board member should also disclose any personal, family business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant federally and organizationally established regulations and guidelines in financial conflicts must be strictly followed.

Date _____ Employee's Name _____
Position _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

_____ I have no conflict of interests to report.

_____ I have the following conflict of interest to report. Please specify other nonprofit and for-profit boards you and your spouse sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or your family member own:

1. _____
2. _____
3. _____

_____ I have the following relatives [**Relative includes a current or former spouse; domestic partner; or (whether by blood adoption, "step-" half-, or foster relationship, marriage, legal action or domestic partnership, (including in-laws), the child, parent, grandparent, sibling, grandchild, cousin, aunt or uncle, niece or nephew, or any person in a romantic or consensual sexual relationship or residing (or previously residing) in the immediate household (or the household of the spouse or domestic partner of any of these relatives) of the University employee or his or her spouse or domestic partner, or person in a romantic relationship]**] that currently work for the university (if more space is needed please use back of this page to continue the list):

1. _____
2. _____
3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I understand that if it is determined that I have knowingly given false information on this form disciplinary action up to and including termination may occur.

Employee's Signature _____