

Tuskegee University Office of Sponsored Programs Internal Proposal Routing Form				TYPE, complete, sign, and submit proposal, (or draft) to OSP TWO WEEKS before is due. 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: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 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
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:							
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	\$0	\$0	\$0		
Requested Rate* _____ %		Year 2	\$0	\$0	\$0		
<input type="checkbox"/> Sponsor restricted rate (attach guidelines)		Year 3	\$0	\$0	\$0		
		Year 4	\$0	\$0	\$0		
*If reduced or waived, attach an Indirect Cost Waiver Form		Year 5	\$0	\$0	\$0		
		Total	\$0	\$0	\$0		
University Match**		**Please list source of matching funds (if applicable):					
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		1) Unit: GL No: _____					
<input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary		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? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Project requires renovations of existing space? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Conflict of Interest Certification							
If "yes" to either or both questions, please explain on an attached sheet.				PI	Co-PI 1	Co-PI 2	
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"/> Yes	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	<input type="checkbox"/> No	<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"/> Yes	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
** MAKE SURE THAT BOTH PAGES OF THE ROUTING FORM ARE COMPLETED AND ATTACHED WITH YOUR PROPOSAL ** IPRF Page 1 of 2							
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	
				\$0	19.50%	\$0	
				\$0	19.50%	\$0	
				\$0	19.50%	\$0	

				\$0	19.50%	\$0
				\$0	19.50%	\$0
				\$0	19.50%	\$0

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).**

For the use of the Office of Sponsored Programs (OSP) Only

VP for University Advancement/Development (only if proposals are to industries or private foundations)	Date:
Chief Information Officer (only if IT infrastructure is involved)	Date:
Provost (only if matching are requested)	Date:
Director of Sponsored Programs (OSP)	Date:
Vice President for Research & Sponsored Programs	Date:

PI should submit completed IPRF directly to the OSP without the signatures of the University Officials except for the Academic Dean. The University Officials will send their approval or disapproval directly to OSP.

*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