

Routing Form for Proposals and Contracts OSP Number

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| **Project Title:**       |
| **Funding Agency:**       |
| **Program Name or Solicitation Number:**       |
| **Agency Contact Person:**       **Phone:**       **Email:**       |
| **Project Period Start Date:** **End Date:**       |

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| **Project Team** (List only ISU personnel) |
| **Project Director:** |       | **Dept:** |       |
| **Phone:**       | **Email:**       | **College** |       |
| **Co-Project Director:** |       | **Dept:** |       |
| **Phone:**  | **Email:**       | **College:** |       |
| **Co-Project Director:** |       | **Dept:** |       |
| **Phone:**       | **Email:**       | **College:** |       |
| **Co-Project Director:** |       | **Dept:** |       |
| **Phone:**       | **Email:**       | **College:** |       |

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| **Project Compliance Certifications** | **YES** | **NO** |
| **Please place a check by the regulatory issue(s) which are pertinent to this project:** | [ ]  | [ ]  |
| **[ ]  IRB -** Human Subjects**[ ]  IACUC** - Vertebrate Animals**[ ]**  Export Compliance**[ ]**  Nuclear Regulations | **[ ]** Recombinant DNA**[ ]** Environmental Safety & Radiation[ ]  Clinical Trials[ ]  Other:       | [ ]  Biosafety or Bloodborne[ ]  Data Security[ ]  Controlled Substance |  |  |
| **Financial Interests:** For this specific project, senior and key personnel have undisclosed financial interests that could directly affect the design, conduct, or reporting of this research ([ISU Financial Conflict of Interest Policy](https://www.indstate.edu/sites/default/files/media/osp/pdfs/financial-conflict-of-interest-policy-Aug2012.pdf)). For (PHS) or (NSF) grants, additional annual disclosures are required. | [ ]  | [ ]  |
| **Intellectual Property:** For this specific project, senior and key personnel agree to the terms of [ISU’s Intellectual Property Policy](https://www.indstate.edu/sites/default/files/media/osp/pdfs/370-intellectual-property-policy.pdf) (approved by the Board of Trustees on May 7, 2010).  | [ ]  | [ ]  |
| **Debarment:** Is any personnel or entity to be paid as a result of funding, identified as debarred, suspended, proposed for debarment, or excluded from transactions with the Federal government? See [2 CFR § 215.13](https://www.govinfo.gov/content/pkg/CFR-2012-title2-vol1/xml/CFR-2012-title2-vol1-sec215-13.xml) and [OSP Research Compliance website.](https://www.indstate.edu/research/research-compliance)   | [ ]  | [ ]  |
| **For NIH proposals only:** The Project Director and all project key personnel agree to comply with the NIH April 2008 requirement to publish research in PubMed Central. | [ ]  | [ ]  |
| **Responsible Conduct of Research (RCR):** All senior and key personnel, undergraduates, graduates, and postdocs [will complete](https://www.indstate.edu/sites/default/files/media/osp/pdfs/responsible-conduct-in-research-training-plan-Nov2010.pdf) the *NEW RCR* module in [CITI Program](https://about.citiprogram.org/en/homepage/) prior to engaging in externally funded activities. This complies with the America COMPETES Act (P.L. 110-69) and internal procedures. | [ ]  | [ ]  |

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| **Project Information** | **YES** | **NO** |
| If awarded, will subawards or subcontracts to other entities be required? | [ ]  | [ ]  |
| Will a teaching load reduction be requested? | [ ]  | [ ]  |
| Will ISU resources be required beyond the grant period? | [ ]  | [ ]  |
| Will additional space, remodeling or special facilities be required? | [ ]  | [ ]  |
| Is this project likely to produce copyrightable materials or patentable items? | [ ]  | [ ]  |
| Does the project support one or both of ISU’s initiatives? [ ]  Community Engagement [ ]  Experiential Learning  |
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**BUDGET AND COST SHARING AUTHORIZATION**

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| Direct Costs: |  |
| Indirect Costs: 31.1 % of MTDC [ ]  or rate used:       |  |
|  **AGENCY TOTAL:** | **0** |
|  **THIRD PARTY FUNDS REQUESTED:** (Must include letter of commitment**)** |  |
|  **TOTAL EXTERNAL SUPPORT:** | **0** |
| ISU New Monies: (Please review account information below) |  |
| ISU Budgeted Monies: (Please review account information below) |  |
| ISU Tuition Waivers: (Please review account information below) |  |
| Facilities and Administrative Costs used as Matching Funds Is waiving of F&A required by the Agency? [ ]  Yes [ ]  No |  |
|  **ISU TOTAL:** | **0** |
|   **GRAND TOTAL:**  | **0** |

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| **ISU COST SHARE SOURCES** |
| **Department**      | **Authorized Signatory**      | **Index (required)**      | **Amount**      |
| **Department**      | **Authorized Signatory**      | **Index (required)**      | **Amount**      |
| **Department**      | **Authorized Signatory**      | **Index (required)**      | **Amount**      |
| **Department**      | **Authorized Signatory**      | **Index (required)**      | **Amount**      |
| **TOTAL ISU SUPPORT**  | **$0** |