**Indiana State University**

**Routing Form for Proposals and Contracts**

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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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| **Phone:** | | **Email:** | **College:** |  |

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| **Project Compliance Certifications** | | | | **YES** | **NO** |
| **Please place a check by the compliance issue(s) which are pertinent to this project:** | | | |  |  |
|  | Human Subjects  Animal Use | Recombinant DNA  Hazardous Materials | Biosafety  Radiation |  |  |
| **Financial Interests:** For this specific project, the PD, Co-PDs or other key personnel have undisclosed financial interests that could directly affect the design, conduct, or reporting of this research. See policy at <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, the PD, Co-PDs and other key personnel agree to the terms of the Intellectual Property Policy described in the ISU Handbook. (approved by Board of Trustees on May 7, 2010). See policy at <https://www.indstate.edu/sites/default/files/media/osp/pdfs/370-intellectual-property-policy.pdf> | | | |  |  |
| **Debarment:** Are the Project Director, Co-Project Director or any key personnel on this project, to the best of their knowledge, debarred, suspended or proposed for debarment by any Federal department or  Agency? <https://www.epa.gov/grants/suspension-and-debarment-regulations> | | | |  |  |
| **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. | | | |  |  |
| **For NSF proposals only:** Project Directors will ensure that all students and postdocs supported by NSF complete the Responsible Conduct in Research (RCR) training through CITI prior to beginning work. <https://www.citiprogram.org/default.asp>? | | | |  |  |

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| **Project Information** | | **YES** | **NO** |
| 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 | | | |
| **Will the project require support/services from other Offices on campus?** (Check all that apply) | | | |
| Office of Information Technology | College of Graduate and Professional Studies | | |
| Office of Extended Learning | Center for Community Engagement | | |
| Office of Global Engagement | Other: | | |

**BUDGET AND COST SHARING AUTHORIZATION**

|  |  |
| --- | --- |
| Direct Costs: | **0** |
| Indirect Costs: 31.1 % of MTDC  or rate used: \_     \_\_\_\_\_\_\_ | **0** |
| **AGENCY TOTAL:** | **0** |
| **THIRD PARTY FUNDS REQUESTED:** (Must include letter of commitment**)** | **0** |
| **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** | | |  |

To electronically route this form, please email it to [Liz.Metzger@indstate.edu](mailto:Liz.Metzger@indstate.edu) for uploading into Cayuse424.