**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. Click [here](http://www.indstate.edu/osp/Institutional%20Compliance/Financial%20Interest%20Disclosure/Financial_Disclosure_Resources.htm) to view ISU’s policy. 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). Click [here](http://www.indstate.edu/osp/Intellectual%20Property/Intellectual_property.htm) to view ISU’s policy. | | | |  |  |
| **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? Click [here](http://www.epa.gov/ogd/sdd/debarment.htm) for more information. | | | |  |  |
| **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. Click [here](https://www.citiprogram.org/Default.asp?) to be redirected to the CITI website. | | | |  |  |

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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 International Program and Services | Other: | | |

**BUDGET AND COST SHARING AUTHORIZATION**

|  |  |
| --- | --- |
| Direct Costs: | **0** |
| Indirect Costs: 33.0 % of MTDC  or rate used: \_     \_\_\_\_\_\_\_ |  |
| **AGENCY TOTAL:** | **$0.00** |
| **THIRD PARTY FUNDS REQUESTED:** (Must include letter of commitment**)** |  |
| **TOTAL EXTERNAL SUPPORT:** | **$0.00** |
| 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:** | **$0.00** |

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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** |
| **Department** | **Authorized Signatory** | **Index (required)** | **Amount** |
| **Department** | **Authorized Signatory** | **Index (required)** | **Amount** |
| **TOTAL ISU SUPPORT** $0.00 | | | |

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