Clark Atlanta University  
Research and Sponsored Programs (RSP)  
Proposal Routing and Approval Form  
(Please type or print clearly and complete entire form)

Date:

Principal Investigator:                      Telephone Number:  
CAU ID Number:                              E-mail:  
Department:                                 School/Center: 

Co-Principal Investigator:                   Telephone Number:  
CAU ID Number:                              Email:  
Department:                                 School/Center: 

1. Project Title:

2. Type of Project (check all that apply):
   □ New       □ Continuation       □ Renewal       □ Supplement    □ Non-Construction
   □ Construction       □ Pre-Proposal

3. Project Category:
   □ Research       □ Instruction/Training       □ Service       □ Infrastructure       □ Other

4. Project Location:   □ On Campus       □ Off-Campus       □ Other (please specify):  
(Off campus means rental facilities are charged to the project.)

5. Project Start Date:  Project End Date:

6. Funding Agency/Entity (complete address):  
   CFDA Number:
   Grant Number (if applicable):
   Program Officer:                      Phone:                      E-mail:
   Agency Type: □ Federal       □ State       □ Private       □ Other (please specify):

7. AGENCY DEADLINE:  POSTMARKED DATE:

Rev. January 2013  
RSP Proposal Routing and Approval Form - 1

Office Use Only
Proposal No.  Date Submitted:  Date Awarded:  CAU PIN No:
8. **F&A Rate** (attach indirect cost reduction request or agency guidelines if exception is requested):

<table>
<thead>
<tr>
<th>Funds</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Costs Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect Costs Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Amount Requested</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **Does the project include scholarship/assistantship support for students?**
   - [ ] Yes
   - [ ] No
   - If yes, include scholarship amount and number of students served.

<table>
<thead>
<tr>
<th>Scholarships</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarships Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistantships Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of Students</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **Does the proposal include faculty/staff release time?**
    - [ ] Yes
    - [ ] No
    - If yes, please explain:

11. **Does the project involve subcontractors responsible for performing a portion of the work?**
    - [ ] Yes
    - [ ] No
    - If yes, attach on separate paper the name and address of entity (ies), the sponsored programs contact information, and the person performing work for each subcontract.

12. **Conflict of Interest:**

   Have you completed and have on file a Statement of Financial Interest for this fiscal year?
   - [ ] Yes
   - [ ] No

   Will this proposal affect the statement on file?
   - [ ] Yes
   - [ ] No
   - If yes, please explain and submit a revised Conflict of Interest form and complete the Financial Interest Statement (FIS) which can be found at the link below:
     [http://www.cau.edu/CMFiles/Docs/Conflict%20of%20Interest%20policy.pdf](http://www.cau.edu/CMFiles/Docs/Conflict%20of%20Interest%20policy.pdf)

13. **Financial Disclosure/Conflict of Interest:** *(If any statement is answered yes, a detailed explanation must be attached.)*

   A. Are you or any member of your family an officer, director, partner, trustee, employee, advisory board member, or agent of the external sponsor funding this project or of any organization from which goods and services will be obtained under the sponsored project?
   - [ ] Yes
   - [ ] No

   B. Do you or any immediate family member have an equity interest in the external sponsor that, when aggregated for the investigator and the investigator’s immediate family, meets both of the following tests: exceeds $5,000 in value as determined through reference to public prices or other reasonable measures of the fair market value, and represents more than a 5% ownership interest in any single entity?
   - [ ] Yes
   - [ ] No

   C. Do you or any member of your immediate family member anticipate receiving salary, royalties, or other payments from the external sponsor that, when aggregated for the investigator and the investigator’s immediate family, are expected to exceed $5,000 during the next 12 month period?
   - [ ] Yes
   - [ ] No

   D. Do you have any affiliation with the external sponsor funding this sponsored project that would affect, or be perceived to affect, the results of the research or educational activities in any manner?
   - [ ] Yes
   - [ ] No

14. **Export Control Review:**

   Does the project have an international component such as a foreign sponsor, foreign partner, international travel, etc?
   - [ ] Yes
   - [ ] No

   Please certify to the best of your knowledge if this proposal is subject to Export Control Policy:
   - [ ] Yes
   - [ ] No
15. Institutional Commitments:

Does this project involve more than one department and/or organizational unit? □ Yes □ No
If yes, have you notified the Chair/Dean/Director of each unit? □ Yes □ No
I have notified: ____________________________________________________________

16. Does the proposal require or utilize matching funds? □ Yes □ No
If yes, provide specific information and approval is also required by Finance & Business Services.

*Matching Funds for Proposed Project (cash only; attach source and commitment documentation)

<table>
<thead>
<tr>
<th>Item &amp; Unit (Dept./College/Univ.)</th>
<th>Acct #</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Matching Funds Totals

17. Is space other than the Investigator’s current office and/or lab necessary for the completion of this project? □ Yes □ No
If yes and existing space is available and committed, please identify. If no and construction or modification is needed, please describe construction and source of funds.

Building ____________________________ Room Number __________________
Building ____________________________ Room Number __________________
Building ____________________________ Room Number __________________

18. Research Compliance and Safety:

Does the proposal involve research with any subject or substance which requires review by a designated individual, office or committee? □ Yes □ No
If no, signatures are not required.

Date of Review/Pending Review

A. Human Subjects
   □ Yes □ No ____________________________ Chair, Institutional Review Board

B. Animal Subjects
   □ Yes □ No ____________________________ Chair, Local - Animal Subjects Committee

C. Radioactive Materials
   □ Yes □ No ____________________________ Chair, Local - Radiation Safety Committee

D. Biohazardous/Recombinant DNA
   □ Yes □ No ____________________________ Chair, Biosafety/Recombinant DNA Committee

19. Approvals & Certifications (please read before signing):

PI/PD: Signature of the principal investigator(s)/project director(s) certifies: 1) that the budget represents the best estimate of full costs, including salaries of faculty and staff applicable to the project, fringe benefits, allowable indirect costs, facilities requirements, supplies, equipment, etc.; 2) that the information submitted within the application is true, complete and accurate to the best of the PI’s knowledge; 3) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; 4) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application; 5) that the PI is not presently debarred or suspended from receiving federal funds; 6) that the PI has not and will not use federal funds for lobbying activities in connection with this proposal; 7) that the PI is not delinquent on any federal debt 8) that the PI agrees to assign the rights to all intellectual property resulting from this project to the University and comply with the University IP Policy; and 9) that the PI will disclose to the University all significant financial interests of the PI (including immediate family) (i) that would reasonably appear to be affected by the research or educational activities funded or proposed for funding by this proposal; or (ii) in entities whose financial interests would reasonably appear to be affected by such activities. All costs not reimbursed by the sponsoring agency, including any cost share or internal source of funds have been listed.

Principal Investigator            Date            Co-Principal Investigator            Date
Rev. March 2013                   RSP Proposal Routing and Approval Form – Page 3

RSP Use Only
Proposal No. RSP-
20. **Proposal Checklist and Queries for Dean/Dept. Head/Center Director**

A. Is the purpose of the project consistent with the goals of the department/center? □ Yes □ No

B. Are proposed personnel available within the department? □ Yes □ No

C. Will the PI/PD be granted release time to conduct the project? □ Yes □ No

D. Are proposed salaries and benefits within the University ranges and appropriate to the anticipated effort and are reasonable increases budgeted from year to year? □ Yes □ No

E. Is space available and assigned within the department? □ Yes □ No

F. Has the proposal content been reviewed by an internal review panel for merit and quality? □ Yes □ No

G. Will the project require University funding beyond the life of the grant? □ Yes □ No

H. If the proposal is for a training grant, have all required tuition and fee costs been included? □ Yes □ No

I. Are accurate rates for fringe benefits and F&A used in all aspects of budgeting? □ Yes □ No

J. Has the application been reviewed and approved by the appropriate department chairman and/or dean? □ Yes □ No

K. If a proposal is to be submitted to a private foundation, the Development Office must be contacted for assistance. □ Yes □ No

L. Is review and approval of protocol for animal care required? (Go to [www.msm.edu](http://www.msm.edu) for guidelines.) □ Yes □ No

   a. If the research involves human subjects, has it been reviewed and approved by the IRB? (Please call extension 6979 for full IRB instructions.) □ Yes □ No

M. If the research involves hazardous or potentially hazardous biological agents, has the approval of the appropriate hazardous substances committee been secured? □ Yes □ No

N. Has Proposal Routing and Approval Form been completed in its entirety? This form should be completed and submitted with the final proposal to RSP five (5) days before it is due to the funding source. □ Yes □ No

21. **Department Chair/Deans/Directors:** Signature of the department chair/dean/director certifies full review of the proposal for merit and commitment of faculty/staff effort, including release time if included in proposal as well as the full budget and sources of internal funds and that it is consistent with the educational, research, or service strategic priorities and goals of the department or school.

<table>
<thead>
<tr>
<th>Department Chair</th>
<th>Date</th>
<th>Dean or Director</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>VP for Finance &amp; Business Services*</th>
<th>Date</th>
<th>VP for Research &amp; Sponsored Programs</th>
<th>Date</th>
</tr>
</thead>
</table>

(*only if matching funds are committed)

---

Rev. March 2013

**RSP Proposal Routing and Approval Form – Page 4**

**RSP Use Only**

Proposal No. RSP- □ Date Submitted: □ Date Awarded: □ Date Received: