

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:
CAU ID Number:
Department:

Telephone Number:
E-mail:
School/Center:

Co-Principal Investigator:
CAU ID Number:
Department:

Telephone Number:
Email:
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:

8. **F&A Rate** (attach indirect cost reduction request or agency guidelines if exception is requested):

Funds	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Direct Costs Requested						
Indirect Costs Requested						
Total Amount Requested						

9. **Does the project include scholarship/assistantship support for students?**

Yes No If yes, include scholarship amount and number of students served.

Scholarships	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Scholarships Requested						
Assistantships Requested						
Number of Students						

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>

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

RSP Use Only			
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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)**

Item & Unit (Dept./College/Univ.)	Acct #	Year 1	Year 2	Year 3	Year 4	Year 5	Total
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 _____

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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 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.

Department Chair **Date**

Dean or Director **Date**

VP for Finance & Business Services* **Date**
 (*only if matching funds are committed)

VP for Research & Sponsored Programs **Date**

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Comments from Department Head/ Center Director
(continue on separate sheet if necessary)