

**RSP Use Only**

RSP Proposal #:	
RSP Due Date:	

**PROPOSAL ROUTING FORM**

**Agency Deadline:**

**Intent to Submit #:**

**1) INVESTIGATOR INFORMATION: CAU Faculty / Staff Only**

Principal Investigator (PI):

PI E-mail:

PI Phone:

PI Dept/Center Institute:

PI School/Unit:

Yes No Is this proposal being administered through a Department/Center other than your primary Unit?  
 If yes, provide the name of the primary department/center: for this proposal.

Co-I / Key (Senior) Personnel Name

Co-I / Key (Senior) Personnel Dept/Center/Institute

Co-Unit

- 1
- 2
- 3
- 4

**2) PROPOSAL INFORMATION:**

Prime Sponsor Name:

Sponsor Type:

PHS Agency?

Lead Institution (if not CAU)

Lead Institution Contact Info:

Program Solicitation #:

CFDA #:

Funding Type:

Program Name:

Program Subtopic:

Proposal Title:

Proposal Type:

Primary Activity Type:

Transfer from another institution

Proposed Research Requires (Check all that apply & specify details below; attach documentation if necessary)

Space Not Assigned to you

Space Renovations/Equipment Renovations

Provide Details:

**3) BUDGET INFORMATION:**

Proposed Performance Period:

Start Date:

End Date:

Proposed Budget Includes: (check all that apply & attach required documentation)

Summer Salary

Release Time (Academic Year)

Supplemental Salary (Faculty or Staff - *requires agency and University pre-approval*)

Equipment (>\$5000)

Postdoctoral Fellow(s)

Undergraduate Student(s)

Graduate Student(s)

Subcontractor(s) (See Instructions)

Participant Support Cost

New Personnel (to be hired)

Yes No Does the sponsor limit F&A (indirect costs? If Yes, indicate the allowed percentage rate & base (TDC, MTDC, S&W):

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**PROPOSED BUDGET REQUESTED FROM SPONSOR:**

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Direct Costs						
Indirect Costs						
Total Costs						

Yes No Is cost sharing included? If Yes, indicate if it is Voluntary or Required and provide specific details below: Voluntary Required

**PROPOSED COST SHARING**

Fund Code (with Org)	Description	In-Kind	Cash	Total
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**Total Cost Sharing**

**Budgetary Notes:**

**4) INSTITUTIONAL & REGULATORY COMPLIANCE INFORMATION:**

Does the proposed project involve one or more of the following? If yes, check the appropriate box and if applicable, please provide your active Protocol Approval number or enter "Pending" and contact the appropriate regulatory committee (IRB, IACUC, or IBC).

**Special Research Considerations:**

Not Applicable

	Approval #		Approval #
Human Subjects Research		Infectious/Etiologic Agents	
Live Vertebrate Animal Research		Chemical Agents	
Recombinant DNA		Hazardous Materials	
Human Embryonic Stem Cells		Radioactive Materials	

**Export Controls Determination: (check all that apply)**

Not Applicable

- Foreign subrecipients/subcontractors or foreign collaborators involved
- Foreign travel is required to complete the project (scientific conferences exempt)
- Equipment, materials or software to be exported to foreign countries
- Dual-use/designed for modifications for military use

**Proposed Research Involves: (check all that apply)**

Not Applicable

- Intellectual Property/Patentable Ideas
- Proprietary Information
- Security Classification/Clearance
- Citizenship Requirements

**Financial Conflict of Interest:**

Yes No Does this proposed project create any new financial conflict(s) for the PI or Co-Investigators not previously disclosed?

*If yes, the PI or Co-Investigator(s) must update their Disclosure Form (do not wait for the annual reporting period).*

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**5) INSTITUTIONAL & REGULATORY COMPLIANCE INFORMATION:**

**PI and Co-PI(s) Assurance(s):** *By signing below, I certify that the statements and information in the proposal are accurate, complete, and truthful to the best of my knowledge and that any false, fictitious, or fraudulent statements may subject the PI to criminal and/or administrative penalties. If the proposal is funded, I agree to conduct the project in accordance with the terms, conditions, and policies of the sponsoring agency and the applicable policies of Clark Atlanta University. I certify that I have provided (or will provide) a complete, accurate, and truthful disclosure of financial interests that would reasonably appear to be affected by the sponsored project. I certify that all proposed experiments, procedures, etc., involving human subjects, animal subjects, biological or hazardous agents & materials have been approved by the appropriate compliance bodies prior to the project start date and expenditure of funds. I certify that I am not federally debarred from receiving federal assistance and benefits.*

**Disclosure of Financial Interests:** *By signing below, I certify that I have reviewed and understand Clark Atlanta University's Financial Disclosure Policy for all Senior or Key Personnel seeking funding (for either Federal or non-Federal funding). I certify that I have completed an annual disclosure prior to this proposal submission. I certify that if this proposal impacts that disclosure I will update the disclosure within 45 days.*

**Chair, Dean, Director Assurances:** *By signing below, I certify that the attached the I have reviewed the attached proposed sponsored project (including narrative, budget, budget justification and certification, and if included sub recipient information, if required), approve of the merit, proper allocation of departmental/school space and resources, and fiscal budgeting.*

**NB: Once the PI signs the form, the info entered above is locked.**

_____	_____	_____
<b>PI Signature and Date</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***If applicable, Chair, IRB, IACUC Committees, and Radiation Representation. Last signature (s) will be the Office of Research and Sponsored Programs.)***

_____	_____	_____
_____	_____	_____

**Note for Subcontracts/Subrecipients:**  
 All subcontractors/subrecipients must complete a Subrecipient Commitment Form including attaching their budget, budget justification, SOW, F&A document and other pertinent documentation.