

# UNIT OF SPONSORED PROGRAMS

## INTERNAL ROUTING FORM

PROPOSAL# USP \_\_\_\_\_ Submitted by USP Staff Initials: \_\_\_\_\_

Proposal Title \_\_\_\_\_

Principal Investigator/Project Director \_\_\_\_\_

Department \_\_\_\_\_ School \_\_\_\_\_

Funding Agency \_\_\_\_\_

Inclusive Dates of Project: From \_\_\_\_\_ To \_\_\_\_\_

Proposal Due Date:  Postmark or  Receipt \_\_\_\_\_

**PERCENT OF RELEASE TIME REQUESTED:**

	<u>Funding Agency</u>			<u>University</u>		
	Acad. Year	Sum. Months	Cal. Year	Acad. Year	Sum. Months	Cal. Year
PI/PD	_____	_____	_____	_____	_____	_____
Co-PI	_____	_____	_____	_____	_____	_____

(Attach additional sheets, If needed)

**PROJECT TYPE: (Check if applicable)**

- Biomedical     
  Animal Subjects     
  New Project     
  Training  
 Human Subjects     
  Research     
  Renewal/Continue     
  Service

If yes to Human Subjects or Animal Subjects: IRB Approval Dt: \_\_\_\_\_ IACUC Approval Dt: \_\_\_\_\_

If Exempted: IRB Exemption Date: \_\_\_\_\_ IACUC Exemption Date: \_\_\_\_\_

**BUDGET:** Total # of Years of Project \_\_\_\_\_ Total Amount Requested \$ \_\_\_\_\_

FY1 \_\_\_\_\_ FY2 \_\_\_\_\_ FY3 \_\_\_\_\_ FY4 \_\_\_\_\_ FY5 \_\_\_\_\_

Does this proposal require a commitment beyond the life of the grant?  YES  NO

**DOES THIS PROPOSAL INCLUDE:**

- |                        |                                   |  |                     |
|------------------------|-----------------------------------|--|---------------------|
| New Equipment          | <input type="checkbox"/> YES      | <input type="checkbox"/> NO            | Amount/Number _____ |
| Office Space/Classroom | <input type="checkbox"/> YES      | <input type="checkbox"/> NO            | Amount/Number _____ |
| FTE                    | <input type="checkbox"/> YES      | <input type="checkbox"/> NO            | Amount/Number _____ |
| Student                | <input type="checkbox"/> YES      | <input type="checkbox"/> NO            | Amount/Number _____ |
| Student                | <input type="checkbox"/> Graduate | <input type="checkbox"/> Undergraduate | Amount/Number _____ |

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Submitted by USP Staff Initials: \_\_\_\_\_

MATCHING: Total Amount of Matching Required \$ \_\_\_\_\_

Type of matching required (itemize below):  Cash  In-Kind  Both

	Matching Amount Required	Account#	Matching Item/Category
Cash	_____	_____	_____
In-Kind (Faculty/Staff Release Time)	_____	_____	_____
Other (Specify)	_____	_____	_____

INDIRECT COST: A. Total Salaries & Wage \$ \_\_\_\_\_

B. Salaries & Wage \$ \_\_\_\_\_ C. Indirect Cost Requested \$ \_\_\_\_\_

On Campus Maximum Indirect Cost Allowable 50.5%

Off Campus Maximum Indirect Cost Allowable 28.6%

### SIGNATURES AND DATES:

\_\_\_\_\_  
Principal Investigator/Project Director Date

\_\_\_\_\_  
Department Chair Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Vice President for Research & Federal Relations Date