



INFORMATION AND ROUTING SHEET FOR GRANT AND CONTRACT PROPOSALS OTHER THAN TO PUBLIC HEALTH SERVICE (NSF, AHA, ACS, CFF, etc.)

In order to ensure adequate time for review, for notification of any corrections that need to be made, and institutional endorsement; email one copy of the entire proposal application (research plan can be in draft form) and this routing form to the Office of Sponsored Research at least (5) five business days prior to a sponsor's designated deadline.

In addition if the application is an electronic submission, the electronic package has to be completed at least (2) two business days prior to sponsor's designated deadline. The PI is responsible for securing all signatures on pages 2-4 prior to emailing the grant application to the Office of Sponsored Research. Useful information for proposal applications can be found at: https://www.rosalindfranklin.edu/research/research-support-offices/office-of-sponsored-research/investigators-resources/useful-data-for-proposals/

1. Principal Investigator: \_\_\_\_\_ Sponsor Deadline: \_\_\_\_\_
2. Department/Center: \_\_\_\_\_
3. Additional PI (if applicable): \_\_\_\_\_
4. Additional PI Dept./Center: \_\_\_\_\_
5. PI E-Mail (Contact PI Only): \_\_\_\_\_ 6. PI Ph Ext# (Contact PI Only): \_\_\_\_\_
7. Project Title: \_\_\_\_\_
8. a) Granting Agency: \_\_\_\_\_ Program Announcement #: \_\_\_\_\_
b) Project Period \_\_\_\_\_ (provide OSR a copy of RFP or PA)
c) First Year Budget Period: \_\_\_\_\_ d) Total Budget Period Costs: \_\_\_\_\_
e) Total Indirect Cost Base: \_\_\_\_\_ f) Indirect Cost Rate: \_\_\_\_\_
g) First Year Direct Costs: \_\_\_\_\_ h) First Year Indirect Costs: \_\_\_\_\_
i) First Year Total Costs: \_\_\_\_\_
9. Type: New: \_\_\_\_\_ Resubmission of: \_\_\_\_\_ Subcontract From: \_\_\_\_\_
Indicate R01/R21/F31: \_\_\_\_\_
Supplement of: \_\_\_\_\_ Training: \_\_\_\_\_ Competitive Renewal of: \_\_\_\_\_
Continuation of: \_\_\_\_\_ Transfer From: \_\_\_\_\_ Other: \_\_\_\_\_
10. Subcontracts: Does this proposal have a subcontract to another entity? Yes No
If yes, first year subcontract amount: \_\_\_\_\_

Please provide the following:

- Subcontracting institution's budget and justification
• Work scope that will be conducted at the subcontracting institution
• Letter of consortium endorsed by the other institution's authorized officer

11. Personnel: List below the PI and other Key Personnel (as defined in page 4). **If salary effort is limited by Sponsor, attach appropriated information about limitation of salary effort.**

PI & Key Personnel Name	Role on Project	% Effort Charged to Project	% Effort Contributed by University for this project*	Department/Center and School

*\*Effort Contributed by university should always be 0, unless mandatory by agency or approval was previously obtained from your Department Chair/Center Director, Dean and the Vice President for Research*

12. Have you added this proposal to your COI disclosure report?

COI Disclosure Reports can be found here: <https://rosalindfranklin.coi-smart.com/>

13. If this project involves one of the following categories, please check the box below and obtain the signature of the person indicated in the right column:

Acknowledgment of grant submission by (Individuals sign above his/her name):

Human Subjects

\_\_\_\_\_  
Judy Gathman, IRB Office 1.130

Biological Resources Facility

\_\_\_\_\_  
Dr. Joseph Reynolds, BSB 2.300

Any Chemicals/ Radioactive Materials/ Biohazards\*\*

\_\_\_\_\_  
Radioactive Materials:  
Sebastian Rodriguez, RSO, BSB 1.358

\_\_\_\_\_  
Biohazardous Materials:  
Patricia Loomis, BSO, BSB L.118

**\*\*Important!** ALL basic science research projects require a completed Institutional Research Safety Report Form be approved by EH&S office.  
[Institutional Research Safety Report Form](#)

\_\_\_\_\_  
EHS Representative, BSB 1.358

University Clinics

\_\_\_\_\_  
Jeff Espina, Health Systems

14. If special commitments such as those indicated below (a, b, c) are planned for this project, PIs have to discuss them with their Department Chairs/Center Directors and Deans. Furthermore, PIs should provide the related project narrative to Dept. Chairs/Center Directors and Deans for review and final approval prior to the submission of this form and proposal package to OSR:

- a) Percentage Effort on grant NOT covered by salary funds from this project funding agency:
  - Key Personnel Name: \_\_\_\_\_ % of institutional base salary
  - Key Personnel Name: \_\_\_\_\_ % of institutional base salary
  - Key Personnel Name: \_\_\_\_\_ % of institutional base salary
- b) School (CMS, SCPM, CHP or SGPDS) Financial Commitment to this project: \$ \_\_\_\_\_ ; \_\_\_\_\_ Category (equipment, etc.)
- c) Other (space, etc.) \_\_\_\_\_

If any items in Section 11 are filled out, the PI(s) need(s) to list the pages in the proposal application that make reference to these commitments: \_\_\_\_\_

<b>Principal Investigator</b>	<b>Date</b>	<b>Additional Principal Investigator</b>	<b>Date</b>
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**All predoctoral and postdoctoral proposal applications MUST be signed by Dean of Graduate School**

Dean of Graduate School	Date
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**OTHER SIGNATURES:**

PI's Department Chair/Center Director	Date	PI's School Dean	Date
Additional PI's Dept. Chair/Center Director	Date	Additional PI's School Dean	Date
Other Faculty Key Personnel	Date	Other Faculty Dept. Chair/Center Director	Date
Other Faculty Key Personnel	Date	Other Faculty Dept. Chair/Center Director	Date
Other Faculty Key Personnel	Date	Other Faculty School Dean	Date
Other Faculty School Dean	Date	<b>Executive Vice President for Research</b>	Date

**After obtaining ALL the above signatures, turn in this form and the proposal package to the Office of Sponsored Research**

<b>SPACE BELOW FOR ADMINISTRATIVE USE ONLY</b>	
Proposal Reviewed and Approved: _____	<b>Proposal Received Date:</b> _____
<b>Conflict of Interest Disclosure forwarded to the Office of Research</b>	<input type="checkbox"/>
_____ Grant and Contract Officer	_____ Date
_____ Director Office of Sponsored Research	_____ Date