



INFORMATION AND ROUTING SHEET FOR GRANT AND CONTRACT PROPOSALS TO PUBLIC HEALTH SERVICE (NIH, etc.)

In order to ensure adequate time for review, for notification of any corrections that need to be made, and institutional endorsement; an original and (1) one copy of the entire proposal application (research plan can be in draft form) and of this routing form must be emailed 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 to obtain 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: _____
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. Have you completed a NIH Data Management and Sharing Plan in accordance with the NIH DMS Plan Policy found at <https://sharing.nih.gov/> ? Guidelines on NIH DMS Plan Policy can be found [here](#).

14. 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

15. 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

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: _____

PHS Certification Statement:

I certify that the statements submitted within this application are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Principal Investigator	Date	Additional Principal Investigator	Date
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This certification statement applies only for **Ruth L. Kirschstein National Research Service Award applications: I certify that the information submitted within the application is true, complete and accurate to the best of my knowledge and the Fellow's knowledge; I am aware that any false, fictitious, or fraudulent statements or claims may subject me and the Fellow to criminal, civil, or administrative penalties; I (the Sponsor) will provide appropriate training, adequate facilities, and supervision if a fellowship is awarded as a result of the application; I (the Fellow) has read the Ruth L. Kirschstein National Research Service Award Payback Assurance and will abide by the Assurance if an award is made, and that the award will not support residency training.**

NRSA Sponsor	Date	NRSA Fellow	Date
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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 School Dean	Date	Other Faculty School Dean	Date
Other Faculty School Dean	Date	Executive Vice-President for Research	Date

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

SPACE BELOW FOR ADMINISTRATIVE USE ONLY

Proposal Reviewed and Approved:	Proposal Received Date: _____
_____	_____
Grant and Contract Officer	Date
_____	_____
Director Office of Sponsored Research	Date