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| --- | --- | --- | --- |
| |  | | --- | |  | | Proposal Routing Form INfOrmation | |  | |

# Proposal is for:

|  |  |
| --- | --- |
| ☐ | Research  \_\_\_\_\_\_\_\_\_% Basic \_\_\_\_\_\_\_\_% Applied \_\_\_\_\_\_\_% Development |
| ☐ | Instruction |
| ☐ | Other Sponsored Activity (including Public Service) |
| ☐ | Clinical Trial |
| ☐ | Equipment Only |
| ☐ | Student Support Only |
| ☐ | $0 Master Agreement |

# Proposal IS:

|  |  |
| --- | --- |
| ☐ | New |
| ☐ | Revised Proposal (Resubmission) |
| ☐ | Revised Budget |
| ☐ | Continuation (If yes, complete section below) |
| ☐ | Renewal (If yes, complete section below) |
| ☐ | Supplement (If yes, complete section below) |
|  | Complete agency assigned award number: (example 2R01HL342675-06)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Complete at least one of the following fields:  EFS Award Number:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary Project:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Check appropriate BOX if THIS PROJECT INVOLVES ANY OF THE FOLLOWING:

|  |  |
| --- | --- |
| ☐ | Human Subjects |
| ☐ | Animal Subjects |
| ☐ | Purchase/Use of custom antibodies that have been or will be housed outside the university? |
| ☐ | Human Blood, Body Fluids, or Other Potentially Infectious Materials |
| ☐ | Stem Cell: Human embryonic stem (hES) cells |
| ☐ | Stem Cell: Human embryos less than 14 days old |
| ☐ | Stem Cell: Human induced pluripotent stem (iPS) cells, or other human stem cell sources, that are intended to make or contribute to an embryo |
|  | *If you answered yes to any of the questions above please obtain approval for your protocol from the human Embryonic Stem Cell and human embryo Research Oversight (ESCRO) committee.* |
| ☐ | Recombinant DNA, Infectious Agents or Biological Toxins |
| ☐ | Radioactive Materials and/or Ionizing or Nonionizing Radiation Producing Equipment |
| ☐ | Chemicals |
|  | If any stem cells are involved, please obtain approval for your protocol from the human Embryonic Stem Cell and human embryo Research Oversight (ESCRO) committee. |

# Subrecipients and Involvement with Other Outside Entities:

|  |  |
| --- | --- |
| ☐ Yes ☐ No | Does this proposal include any outgoing subawards? |
|  | If yes, please enter names of subrecipients \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ | Does this proposal include any OTHER planned activity with the community or other outside entities (excluding subawards |
| ☐ Yes ☐ No | If yes, what type of entity/entities will be involved? (Select all that apply) |
| ☐ | Other higher educational institution(s) |
| ☐ | Governmental agency |
| ☐ | K-12 schools or other non-higher education agencies |
| ☐ | Healthcare organization |
| ☐ | For-profit business and/or industry |
| ☐ | Non-profit and/or registered 501(c)3 organization |
| ☐ | Community group (e.g., neighborhood association, informal citizens group) |
| ☐ | Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ | If yes, please describe the primary role(s) of the involved entity/entities. |
|  |  |

# Financial and Business Conflict of Interest:

|  |  |
| --- | --- |
| ☐ Yes ☐ No | Do you, or your co-investigators, or key personnel (i.e., anyone responsible for the design, conduct or reporting on this project), or a family member (yours or theirs) have a significant financial interest, OR business interest in a business entity that could benefit from the results of this project? See? For help with definitions. |
|  | If yes, please indicate the most recent REPA # where these interests have been identified:  REPA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ Yes ☐ No | Do you, or your co-investigators, or key personnel have a familial connection OR financial or business interest (of any amount) with any proposed subrecipent or collaborator? If yes, please contact SPA for further direction. |

# Inventions:

|  |  |
| --- | --- |
| ☐ Yes ☐ No | Is it likely that anything patentable (i.e. new, useful, or improved) will result from the current research project? |
| ☐ Yes ☐ No | If this a renewal or continuing project, have any inventions been conceived or reduced to practice under prior research on this project? |
| ☐ Yes ☐ No | If Yes, was this Previously reported? |
| ☐ Yes ☐ No | Does this proposal contain private commercial or trade secret information? If yes, clearly identify the private commercial information in the text of the proposal. |
| ☐ Yes ☐ No | Does the PI or any investigator have any active patent disclosures with the Office of Technology Commercialization relating to the work contemplated in this proposal? |

# InTERNATIONAL COMPONENT:

|  |  |
| --- | --- |
| ☐ | Do you contemplate international travel to another country as part of this project? |
| ☐ | If yes, please list or more countries you will be traveling in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ | Do you have a collaborating partner or institution that is located in another country? |
| ☐ | If yes, please select one or more countries in which the partner(s) are located. |