

Proposal Routing Form (PRF)

Proposal No. (SPA use only) _____

I. PRINCIPAL (PI) and Co-INVESTIGATOR (Co-I) INFORMATION

PI & Co-I(s) Name(s):	PI & Co-I(s) Department(s):	Contact Information: (e-mail & phone#)	Reimbursable % Effort:			
			AY	Course B/out	SM	CAL
PI:						
Co-I (1):						
Co-I (2):						
Co-I (3):						
Co-I (4):						

II. PROPOSAL INFORMATION

Type: **New** **Competing Renewal** **Supplement** **Resubmission** **Transfer** **Continuation**

Purpose: Basic Research Applied Research Developmental/Behavioral Research Instruction
 Training Public Service Conference/Meeting/Travel Other

Proposal Title:

Sponsor Name:	Prime Sponsor Name (if subaward):	SubawarXees/Subcontractors? <input type="radio"/> Yes <input type="radio"/> No List Org. Names:
Sponsor Type:	Foreign Sponsor? <input type="radio"/> Yes <input type="radio"/> No	Date Due to Sponsor:
Corporate & Foundation Gift: <input type="radio"/> Yes <input type="radio"/> No (complete only relevant sections)		CFDA #:
Proposal Period:	Start Date:	End Date:

III. PROPOSAL BUDGET & COST SHARING

	DIRECT COSTS	F&A COSTS	TOTAL SPONSOR COSTS	F&A RATE
Total Project Costs:				
F&A Recovery: <input type="radio"/> Full <input type="radio"/> F&A Reduction (attach internal approval) <input type="radio"/> Sponsor Max (attach sponsor documentation)				
Cost Sharing Information Committed: (leave blank if none) <input type="radio"/> Mandatory <input type="radio"/> Voluntary				
	Cost Share Amount:	Source/Speed Type:	Approved by: (sign & date)	
Personnel Cost Share				
Personnel Cost Share				
Non Personnel Cost Share				
Non Personnel Cost Share				
Total Cost Share				

IV. F&A/INDIRECT COST REVENUE (ICR) ALLOCATION (leave blank if only single PI on a proposal)

Complete the table below only if more than 1 PI or a special ICR allocation is approved & applies to the project. The distribution of the F&A revenues by the PI of a multi-investigator award in general should follow the guidelines for individual investigators. However, it is recognized that the F&A or ICR allocation may vary among departments, colleges and centers depending on their level of involvement with a particular project. **The lead PI is responsible for negotiating the approved ICR distributions between participating Departments and Centers with agreement by the corresponding Department Chairs, Center Directors and/or Deans as indicated by appropriate signatures below in section VII.** Total ICR to PI, Co-I(s), Departments, Centers and Deans normally equals 40%.

PI/Co-I(s)	ICR %	Department	ICR %	Center	ICR %	College	ICR %
Total							

V. SPECIAL CONSIDERATIONS (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> <i>Human Subjects</i>
<input type="checkbox"/> <i>Animal Subjects</i>
<input type="checkbox"/> <i>Chemical hazardous materials including Radioactive Materials</i>
(type: _____)
<input type="checkbox"/> <i>Biohazardous materials including Recombinant DNA</i>
(type: _____)
<input type="checkbox"/> <i>Generates Hazardous Waste</i>
<input type="checkbox"/> <i>Potentially infectious agents, including human blood or tissues</i>
<input type="checkbox"/> <i>Additional Personnel</i> | <input type="checkbox"/> <i>Select Agents</i>
<input type="checkbox"/> <i>Stem Cell Research</i>
<input type="checkbox"/> <i>Export Controlled information/technology</i>
<input type="checkbox"/> <i>Transfer of technology & /or materials overseas</i>
<input type="checkbox"/> <i>Inventions</i>
<input type="checkbox"/> <i>Confidential/proprietary information (mark proposal pages)</i>
<input type="checkbox"/> IT equipment, additional data storage requirements & service contracts not reimbursed by the sponsor |
|---|--|

Is adequate space available for the period proposed for this project?

- Yes** Building and Room Number _____
- No** Installations, Space Renovations or Modifications will be required. *If no, provide appropriate approvals & explanation of the installations, space renovations or modifications that will be needed & attach to the form.*

VI. CONFLICT OF INTEREST (sign, attach & submit COI forms to SPA)

Attach the required completed & signed *Summary Disclosure Form* for each PI & Co-I(s)/key personnel on this proposal: (click on the link above, fill out & attach the form and submit to SPA, also check off applicable option below)

- A. Government, Foundation & Industry Proposal Summary Disclosure Form OR**
- B. NSF Proposal Summary Disclosure Form OR**
- C. PHS/NIH & any Sponsors that have Adopted PHS Regulations Proposal Summary Disclosure Form**

VII. DECLARATIONS & DEPARTMENT APPROVALS

Signature(s) of the **Principal Investigator** and **Co-Investigators** certifies that to the best of their knowledge:

- They are not currently suspended, debarred, or proposed for debarment or suspension for doing business with the Federal Government; the information above and submitted within the application is true, complete and accurate and that the proposal is compliant with applicable, institution, sponsor, federal, and state rules, regulations and guidelines; understand that any false, fictitious, or fraudulent statements or claims may subject the investigator(s) to criminal, civil, or administrative penalties.
- In the event that this proposal is funded and accepted by the University, the investigators accept the responsibility to conduct and judiciously manage the project in accordance with the terms and conditions of the sponsoring agency and the institution, including but not limited to, timely submission of all required technical reports and other deliverables, proper and ethical stewardship of funds provided for direct expenditures, proper disclosure of all inventions, in accordance with UMassD Patent Policy & adherence to all federal compliance requirements. UMassD resources necessary to complete the project are available or provisions have been arranged with the appropriate personnel to make such resources available in the event that this proposal is funded.

Signatures of the **Department Chair(s), Center Director(s) & Dean(s)** indicate their endorsement of the proposal submission & confirming that it is in compliance with University policies & applicable sponsor guidelines.

Principal Investigator Date

Co-Investigator Date

Co-Investigator Date

Co-Investigator Date

Co-Investigator Date

Dean Date

Dean Date

Department Chair/Center Director Date

Department Chair/Center Director Date

Department Chair/Center Director Date

Department Chair/Center Director Date

Department Chair/Center Director Date

Dean Date

Dean Date

Sponsored Projects Administration (Proposal Reviewer) Date