



Please allow a minimum of 3 business days to review & process your proposal.

PROPOSAL ROUTING FORM
Office of Research, 511 Main Building
Phn: 631-7432 Fax: 631-6630
May 2006 All Others Obsolete

Office of Research Use Only
Proposal # \_\_\_\_\_
Date/Time in \_\_\_\_\_
Admin/Asst \_\_\_\_\_

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

DEADLINE / CLOSING DATE: \_\_\_ / \_\_\_ / \_\_\_ None \_\_\_\_\_ receipt date \_\_\_\_\_ postmark date \_\_\_\_\_

1. PROPOSAL INFORMATION

Project is (select one from each line)
a. \_\_\_New \_\_\_Renewal\* \_\_\_Continuation\* \_\_\_Supplement\*
b. \_\_\_PreProposal \_\_\_Proposal\*\* \_\_\_Revised Budget\*
\*Current proposal/award# \_\_\_\_\_
\*\*PreProposal# if there is one \_\_\_\_\_

For \_\_\_Research \_\_\_Instruction

Proposal Project Period runs for \_\_\_ months
from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yy)

2. PROJECT AFFILIATION

Is this project affiliated with a recognized ND center, or institute? \_\_\_ No \_\_\_ Yes\* If yes, which one? \_\_\_\_\_

\*Center/Inst. ORG#: \_\_\_\_\_
Needed to ensure correct F&A return

3. INVESTIGATORS - Total Number from ND = \_\_\_\_\_

Principal Investigator: \_\_\_\_\_
Department: \_\_\_\_\_
Email: \_\_\_\_\_
Telephone: \_\_\_\_\_
(Total for all must equal 100%) F & A return = \_\_\_\_\_%

Investigator #2: \_\_\_\_\_
Department: \_\_\_\_\_
Email: \_\_\_\_\_
Telephone: \_\_\_\_\_
F & A return = \_\_\_\_\_%

Investigator #3: \_\_\_\_\_
Department: \_\_\_\_\_
Email: \_\_\_\_\_
Telephone: \_\_\_\_\_
(Attach other forms as needed) F & A return = \_\_\_\_\_%
Total F & A return = 100%

4. REMARKS OR SPECIAL INSTRUCTIONS BELOW: \_\_\_\_\_

5. SUBAWARDS / SUBCONTRACTS

Will part of the project be done by someone outside Notre Dame as a subcontract? \_\_\_Yes \_\_\_ No

Will you be doing work for another organization as part of its project as a subaward? \_\_\_ Yes \_\_\_ No
If yes to one of the above, please name the organization: \_\_\_\_\_

6. PRIME SPONSOR

Solicitation number or program name, and URL for guidelines \_\_\_\_\_

7. GIFT vs. GRANT

Office of Research will review to determine if there are compliance issues (reporting & terms and conditions). If determined to be a gift (no terms & conditions, etc. http://www.nd.edu/~research/Pol\_Proc/giftguide.html), Office of Research will forward to Development.

8. SUBMISSION INFORMATION

\_\_\_ PI will mail or
Office of Research will send \_\_\_ copies of proposal (including original) by:
\_\_\_ Regular Mail
\_\_\_ Federal Express from Acct# \_\_\_\_\_
\_\_\_ Submit electronically (via e-mail \_\_\_\_\_ or http:// \_\_\_\_\_)

9. SPONSOR STREET ADDRESS (include name of contact at sponsoring agency)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor Phone: \_\_\_\_\_

10. FACILITY & ADMINISTRATIVE COSTS\*\*

Full F&A costs recovered? \_\_\_Yes \_\_\_No\*
If no\*, check which applies:
\_\_\_ Sponsor limit is \_\_\_%\*
\_\_\_ Sponsor does not allow F&A\*

\*Provide documentation.
\*\*Awards effective as of 7/1/2007 may reflect a different F&A rate than what was in effect at the time of proposal submission, due to DHHS negotiating a new institutional rate in the interim.

**11. COST SHARE / MATCHING FUNDS:**

Does project include cost sharing or matching funds?

No

Yes If **yes**, these funds are:

Mandatory  Voluntary

\$ \_\_\_\_\_ University Contribution: Documentation

of funding source must be provided with proposal (attach letters of commitment from Dept, College, OR, etc.). **Do NOT include in-kind F&A here.**

**12. CONFLICT OF INTEREST**

	PI/PD _____	Inv. #2 _____	Inv. #3 _____
a. Do you have a consulting or financial relationship with a non-governmental external sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have a managerial role or significant financial interest in a company in the field of your research, or a firm doing business with the University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have non-University, professional or income-producing activities involving ND students, staff or facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you, or any family members, have other potential conflicts of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*\*If you answered YES to any of the above questions, please complete and route disclosure form with proposal.**

<http://www.nd.edu/~research/forms/index.html>

**17. APPROVALS AND SIGNATURES**

**My signature below confirms my review of this proposal. It also certifies that the undersigned:**

- a) will ensure that all sponsored projects are conducted in accordance with the policies of the sponsor;
- b) will ensure that the information submitted within the application is true, complete and accurate to the best of the PI's knowledge;
- c) understands that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties;
- d) PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded;
- e) will ensure that all investigators, staff and students working on the project have read, understand, and comply with the University's policies on Intellectual Property, the Drug Free Workplace, Conflict of Interest, Risk Management and other University research requirements;
- f) will disclose any and all items of intellectual property and assign them to the University as required by the IP Policy or sponsor policies;
- g) will be responsible for budget items including cost sharing items; and
- h) will comply with all federal, state, and local regulatory agency requirements related to project.

**For federal proposals, in accordance with federal requirements, it also certifies that:**

- 1) I am not delinquent in any federal debt;
- 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from current transactions by any federal department or agency;
- 3) I am familiar with and will comply with the Procurement Act (41USC Sec 432 as amended) – for contracts;
- 4) no federal appropriated funds have been or will be paid to influence or attempt to influence the granting of this award.

\_\_\_\_\_  
PI / Project Director / Date

\_\_\_\_\_  
Investigator #2 / Date

\_\_\_\_\_  
Investigator #3 / Date

\_\_\_\_\_  
Department Chair or Institute Director / Date

\_\_\_\_\_  
Department Chair or Institute Director / Date

\_\_\_\_\_  
Department Chair or Institute Director / Date

\_\_\_\_\_  
Provost/ Dean of College / Date

\_\_\_\_\_  
Provost/ Dean of College / Date

\_\_\_\_\_  
Provost/ Dean of College / Date

**Office of Research Use Only**

\_\_\_\_\_  
Director of Pre-Award / Date

\_\_\_\_\_  
Director of Office of Research / Date

**13. COMPLIANCE ISSUES – check if proposal includes any of these:**

Human subjects\*

Chemical hazards\*

Laboratory animals\*

Biological hazards\*

Radioactive materials

Select agents

Infectious agents

Recombinant DNA\*

\*Requires action by appropriate institutional committee.  
Contact: Dr. Rick Hilliard at 1-5386 or [Hilliard.1@nd.edu](mailto:Hilliard.1@nd.edu)

Protocol Number

Approval Date

# \_\_\_\_\_

**14. CAPITAL IMPROVEMENTS:** Does project require

Space renovation?  Yes\*  No

Additional space?  Yes\*  No

Utility upgrades?  Yes\*  No

\* If yes, complete form at

[www.nd.edu/~research/forms/PRFspacerequest.pdf](http://www.nd.edu/~research/forms/PRFspacerequest.pdf)

**15. INFORMATION TECHNOLOGY RESOURCES**

If your project requires additional computer resources from OIT, please notify OIT (Dewitt Latimer) at 1-7783 or [Latimer.6@nd.edu](mailto:Latimer.6@nd.edu).

**16. NEW CURRICULUM OR DEGREE**

Will project lead to new curriculum or new degree?

Yes\*  No

\*Attach detailed abstract.