

VANGUARD UNIVERSITY SPONSORED RESEARCH INTERNAL ROUTING FORM

After sign-off by the PRINCIPAL INVESTIGATOR(s) (PI), DEPARTMENT CHAIR(S)/ DIRECTOR(S), and ASSOCIATE DEAN(S), please send this form along with the original hard copy and electronic copy of the proposal to GRASP Office. Allow fourteen (14) working days prior for processing. For any changes from the original submission, please submit a modified form with changes indicated in red text and highlighted. **Please note that incomplete or inaccurate forms may delay or disqualify the proposal. Reminder, this process should be initiated at least 6 weeks prior to deadline.**

Initial submission of the Internal Routing Form (IRF), check here . If it is a modification, check here .

PI Submits After GRASP Certifies GRASP Certifies Proposal and Submits

1. a. Full Proposal Title:
b. Abbreviated Title (35-character limit):

2.	i) PI	Empl ID	Name	Department Name
	ii) Co-PI	Empl ID	Name	Department Name

For additional PI/PDs, please submit an attached sheet with the information shown above. Check here if attached.

3. Funding Agency:
Section/Division:
Funding Agency's Address (ALWAYS include):
Agency Contact Name (if applicable):

<p>4. Funding source: (select one)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> State of CA <input type="checkbox"/> Business/for profit <input type="checkbox"/> Private-Individual <input type="checkbox"/> Foreign Source <input type="checkbox"/> Federal Flow-Through <input type="checkbox"/> Non-profit/Private Foundation <input type="checkbox"/> Private Alumni <input type="checkbox"/> Local (includes cities, counties, school districts, etc)</p>	<p>5. Type of proposal: (select one)</p> <p><input type="checkbox"/> Grant <input type="checkbox"/> Cooperative agreement <input type="checkbox"/> Sub-award <input type="checkbox"/> Contract <input type="checkbox"/> Other</p> <p>6. Special Funding: (select one)</p> <p><input type="checkbox"/> ARRA <input type="checkbox"/> Congressionally Directed <input type="checkbox"/> Other</p>
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7. Type of application: indicate the type of proposal or project that is being submitted for review.

Revision/Resubmission
 Continuation/Renewal
 Pre-proposal
 Letter of intent
 New Proposal/New contract

8. Announcement/Program Guidelines. Check here if attached. No unique guidelines apply

1. **RFP URL:**

9. Catalog of Federal Domestic Assistance (CFDA) #

10. Deadline Date for Proposal Transmittal: **Postmarked By:** **Receipt By:**

Transmittal type:
 Digital Mail Fax

If application is transmitted by mail:
a) # of copies:
b) Carrier:

<p>11. Type of activity (select one):</p> <p><input type="checkbox"/> Research: Basic <input type="checkbox"/> Curriculum <input type="checkbox"/> Development <input type="checkbox"/> Student services/support <input type="checkbox"/> Applied <input type="checkbox"/> Equipment <input type="checkbox"/> Instruction/Training <input type="checkbox"/> Construction <input type="checkbox"/> Other Sponsored Activity <input type="checkbox"/> Public Service <input type="checkbox"/> Fellowship/Scholarship</p>	<p>12. Type of Proposal (select one)</p> <p><input type="checkbox"/> New <input type="checkbox"/> Competitive Renewal <input type="checkbox"/> Non-Competitive Continuation <input type="checkbox"/> Additional Funds</p>
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13. Project Period of Performance

	1 st Period	2 nd Period	3 rd Period	4 th Period	5 th Period	Total Period
Beginning Date:						
End Date:						

14. Funds requested from sponsor:						
	1 st Period	2 nd Period	3 rd Period	4 th Period	5 th Period	Total Period
Direct Costs						
Indirect Costs						
Total Costs						
15.	Facilities & Administrative (Indirect) Costs requested <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Waiver requested If Yes, why?	<input type="checkbox"/> Off-Campus <input type="checkbox"/> Written Sponsor Policy (please attach policy) <input type="checkbox"/> Other					
16.	Cost sharing/matching funds requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No Direct cost sharing: _____ Imputed indirect cost sharing: _____ Total cost sharing: _____					
17.	Are additional resources (space, operating or equipment funds, IT or utility service; etc.) required to conduct this project over and above those already budgeted for or approved by your department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____					
18.	Subcontracts: Is part of the project to be subcontracted to another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, subcontractor's name: _____ Amount: \$ _____					
<i>Subcontractor's proposal (statement of work, budget), endorsed by its authorizing official, and a brief statement explaining the choice of subcontractor (even if a sole-source collaborator) must accompany the proposal (does not include consultants).</i>						
19.	<input type="checkbox"/> Intellectual Property: (check all that apply) <input type="checkbox"/> Potential copyright <input type="checkbox"/> Potential invention Potentially Patentable Process or Idea <input type="checkbox"/> Trademark <input type="checkbox"/> Other					
20. Indicate whether or not your project contains the following:						
Biological materials						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this research require: recombinant DNA or RNA (if recombinant experiments are already registered, give approval #: _____), infectious agents; toxins; human blood; unfixed human tissue; primary human cell cultures. Please call Risk Management or Environmental Health and Safety for assistance.					
Select Agent Toxins						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this research require the use of one or more of the following select agent toxins: e.g. Abrin; Botulinum neurotoxins; Short, paralytic alpha conotoxins; Diacetoxyscirpenol (DAS); Ricin; Saxitoxin; Staphylococcal enterotoxins (Subtypes A, B, C, D, and E); T-2 toxin; Tetrodotoxin?					
Human participants						
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. If human participants are used in this project, provide IRB protocol approval # or title of protocol if different than this proposal title: 2. If yes, has an IRB application been submitted to the IRB office? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Please provide the title used on the IRB application and the IRB protocol approval number: 4. An IRB application has not been submitted for this project, but will be if this project is awarded. Submit one copy of the proposal protocol form to the IRB office. For more information, contact the IRB office.					
Animal Subjects						
<input type="checkbox"/> Yes <input type="checkbox"/> No	a) If vertebrate animals are used in this project, provide IACUC protocol approval # b) If yes, has an IACUC protocol approval number been assigned? c) Please provide the title used in the IACUC application and the IACUC protocol approval number. An IACUC application has not yet been submitted for this project.					
Student Involvement						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this project involve student hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Number of Undergraduate Students: Number of Graduate Students:	Does this project involve unpaid participation of VU students? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Number of Undergraduate Students: Number or Graduate Students:				

	Please mark the appropriate description of student activity:	
	<input type="checkbox"/> Teaching/Tutoring <input type="checkbox"/> Research/laboratory work <input type="checkbox"/> Clerical/administrative <input type="checkbox"/> Advising/Mentoring of Others	<input type="checkbox"/> Internship <input type="checkbox"/> Field work <input type="checkbox"/> Community Engagement <input type="checkbox"/> Technical (eg Web development)
21. Does this project offer courses for credit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, have they been approved by appropriate administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No		List courses:
22. Does the proposal include tuition waiver not funded from the proposed project budget? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to items 21 & 22, documentation of approval from the Office of the Provost, Associate Dean of the appropriate Division, respectively, must be provided with the proposal.		
23. Proposal requests capital equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No PI/PD's signature below affirms that if equipment required for use on this project is budgeted in this proposal, to the best of his/her knowledge, no comparable equipment is available on campus.		
24. CONFLICT OF INTEREST: Please explain any real or potential conflict of interest for any investigators, support staff, or other affiliates involved in the study. Conflicts will potentially warrant further review, and may delay the proposal process.		
25. EXPORT CONTROL		
(a) Has the topic of export control come up in any form in connection with this proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(b) Will your project involve any communication with U.S. embargoed countries or their citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No (See current list at http://www.treas.gov/offices/eotffc/ofac/sanctions/index.html)		
(c) Will your project require the shipment of equipment or protected information outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Project Abstract: Brief abstract or description of the project suitable for lay readers. This information will be used to provide news releases and announcements of your project, if it is funded. Please limit to 300 words or less.		

27. PI/PD's signature My certification below verifies that:

1. I am knowledgeable of and will adhere to VU policies regarding sponsored activities as provided in this Internal Routing Form (IRF);
2. I am knowledgeable of and will adhere to the terms of the outside agency or sponsor regulations and the specific terms of the grant or contract that supports this proposed activity; and
3. all statements on this and any attached forms and in the proposal are true and correct to the best of my knowledge. This signature also confirms that no modifications to this proposal will be agreed to without consultation with AWRO.

Chair, Director & AD: Your signature below indicates approval of this proposal and concurrence with the statements on this form. Endorsements must include all departments and colleges included in this proposal. PI/PD is responsible for obtaining signatures on lines a) b) and c) before sending to GRASP. All PIs/co-PIs listed in number 2 above (and any attached pages) should sign in the order listed.

a) Principal Investigator/Project Director(s)

i **Sign Here**

Date

ii **Sign Here**

Date

b) Department Chairperson(s) or Director(s)

i **Sign Here**

Date

ii **Sign Here**

Date

c) Associate Dean(s)

i. **Sign Here**

Date

ii. **Sign Here**

Date

d) GRASP – GRC Approval Recommendation to cabinet for approval Decline **Sign Here** Date

e) Provost **Sign Here**

Date