

California State University, Fullerton

Sponsored Project Internal Routing Form

OGC

Project # (Parent #) To avoid PDF errors, please do not use the "Preview" program on a Mac computer to fill out the form.

1. Investigator(s) Information (List all CSUF key personnel involved in the project & specify the semester or semesters in which the time requested will be provided (i.e. Spring '18), the type of time requested, and the percentage of time or the number of units of released/reassigned time being requested). **Please complete page 4 for additional key personnel.**

CERTIFICATIONS

Principal investigator (PI) and each key personnel listed below certify that they: **1)** have read and agree to the requirements of the program opportunity; **2)** agree to be bound by the terms and conditions of the external grant or contract which supports this proposed activity; **3)** agree to comply with applicable University's research policies, including but not limited to UPS 630.000 (scientific misconduct), UPS 620.000 (human participants), and UPS 610.000 (conflict of interest); **4)** are aware of the federal regulations regarding *Lobbying and Drug-Free Workplace* and will comply as necessary; **5)** have provided prior knowledge to their Chair and Dean/unit administrator about their intent to submit this proposal.

PI and key personnel listed below certify that they are not currently debarred or suspended from receiving federal or state assistance and that they are not delinquent in repaying debt to the federal government.

PI certifies that PI will have a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported to conduct research, as required by the solicitation, Sponsor guidelines, current federal, state, or other regulations, and/or as specified by the award agreement. PI acknowledges that while training plans may not be required to be included in the proposal submission, such plans will be subject to review upon request by the university.

Role	Last Name, First Name	Department	College	Please identify total time below, including any cost-match of effort (Total faculty additional pay for any given academic year is 25% maximum)	
Principal Investigator			select one	<input type="checkbox"/> Released/Reassigned Time: <input type="checkbox"/> Non-Academic:	<input type="checkbox"/> Overload Time: <input type="checkbox"/> No Salary Charge <input type="checkbox"/> Cost Match: Release Time: <input type="checkbox"/> Cost Match: Non-Academic:
select one			select one	<input type="checkbox"/> Released/Reassigned Time: <input type="checkbox"/> Non-Academic:	<input type="checkbox"/> Overload Time: <input type="checkbox"/> No Salary Charge <input type="checkbox"/> Cost Match: Release Time: <input type="checkbox"/> Cost Match: Non-Academic:
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select one			select one	<input type="checkbox"/> Released/Reassigned Time: <input type="checkbox"/> Non-Academic:	<input type="checkbox"/> Overload Time: <input type="checkbox"/> No Salary Charge <input type="checkbox"/> Cost Match: Release Time: <input type="checkbox"/> Cost Match: Non-Academic:

2. Sponsor Name:



Sponsor Institute/Division:

Program Name:

Funding Opportunity #:

CFDA# (if applicable):

3. Project Title:

4. Funding Source:

- ☐ Federal ☐ Federal Flow-Through/Prime: _____ ☐ Non-Profit/Foundation ☐ Private/Business for Profit
☐ State of CA ☐ State of CA Flow-Through/Prime: _____ ☐ Foreign Source
☐ LOCAL: check box if sponsor is any U.S. university, school district, community college, or any U.S. city, county, or state (other than State of CA)

5. Type of Proposal:

- ☐ Grant ☐ Contract, Bilateral Agreement ☐ Cooperative Agreement
☐ Subcontract--->Prime: _____ ☐ Other: _____

6. Type of Application: (please select from dropdown menu)

please select
Indicate the type of proposal or project that is being submitted for review.

7. Project Type: (select only ONE from dropdown menu)

please select
☐ Other:

8. Sponsor Deadline:

- ☐ Postmark Date: _____ ☐ Target Date: _____
☐ Receipt Date: _____ ☐ Electronic Submission Date/Time: _____ / _____

9. Facilities & Administrative Costs/Indirect Costs (F&A/IDC) and Location:

Rate Applied: please select

If "Other", please indicate rate: _____ %



F&A/IDC Base: N/A If "Other" Base: _____

Location of Project:

Location (if off campus): _____

ON campus ☐ OFF campus

10. Brief Description of Project (please provide a 2-3 sentence description):**11. Applicable keywords** (please select all that apply to the proposed project):

<input type="checkbox"/> Underrepresented/underserved students	<input type="checkbox"/> HS 	<input type="checkbox"/> Title III	<input type="checkbox"/> Title V	<input type="checkbox"/> STEM and/or STEM Education 	<input type="checkbox"/> Student Research
<input type="checkbox"/> 2-year/community college collaborator(s)	<input type="checkbox"/> UC Collaborator(s)	<input type="checkbox"/> K-12 collaborator(s)	<input type="checkbox"/> CSU Collaborator(s)	<input type="checkbox"/> Collaborator(s) from other institutions	

12. Total Funds Requested:**13. Proposed Project Period:** (mo/da/year)

	Direct Costs	F&A (Indirect) Costs	Total Costs	
Year 1	\$	\$	\$	Start Date:
Year 2	\$	\$	\$	
Year 3	\$	\$	\$	End Date:
Year 4	\$	\$	\$	
Year 5	\$	\$	\$	
Year 6+	\$	\$	\$	
Total	\$	\$	\$	

14. Cost Sharing ²:

Required per sponsor guidelines? ☐ Yes ☐ No
If Yes, % or \$ required:

Total:**Cost Share Sources** ³

(enter source of funds below)

CSUF Cost Share (<input type="checkbox"/> in-kind / <input type="checkbox"/> cash):	\$	CSUF: _____
Third Party Cost Share (<input type="checkbox"/> in-kind / <input type="checkbox"/> cash):	\$	Third party source(s): _____
Total Cost Share:	\$	

15. Additional Budget Information & Resources (Please indicate whether this project involves any of the following):

<input type="checkbox"/> Equipment Purchases (≥\$5,000/system)	Est. Costs (if applicable): \$	Source: _____
<input type="checkbox"/> Additional or Renovated Space	Est. Costs (if applicable): \$	Source: _____
<input type="checkbox"/> Special Facilities	Est. Costs (if applicable): \$	Source: _____
<input type="checkbox"/> Special Insurance Requirements	Est. Costs (if applicable): \$	Source: _____
<input type="checkbox"/> Other: _____	Est. Costs (if applicable): \$	Source: _____

16. Intellectual Property

(Check if applicable):

<input type="checkbox"/> Potential Copyright	<input type="checkbox"/> Potential Invention	<input type="checkbox"/> Trademark
<input type="checkbox"/> Potentially Patentable Process or Idea	<input type="checkbox"/> Other: _____	

17. Verification of Compliance: Committee Approvals/Protocols and Status (mark all that apply)

Biosafety (IBC)	please select	Date:	Protocol #
Animal Subjects (IACUC)	please select	Date:	Protocol #
Human Participants (IRB)	please select	Date:	Protocol #

18. Clinical Trial Checklist

1. Does the study involve human participants' research?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are participants prospectively assigned to an intervention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the study designed to evaluate the effect of the intervention on the participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the effect being evaluated a health-related biomedical behavioral outcome?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

19. Involvement of Students (mark all that apply):

Does this project involve student hiring? ☐ Yes ☐ No **Other involvement of CSUF students?** ☐ Yes ☐ No

If Yes:

Number of Graduate Students _____

Number of Undergraduate Students _____

(See student activities below)

Number of Graduate Students _____

Number of Undergraduate Students _____

Please mark the appropriate description of student activity: (Mark all that apply)

<input type="checkbox"/> Teaching/Tutoring	<input type="checkbox"/> Advising/Mentoring of Others	<input type="checkbox"/> Internship	<input type="checkbox"/> Course Credit
<input type="checkbox"/> Research/Laboratory Work	<input type="checkbox"/> Community Engagement	<input type="checkbox"/> Field Work (off-campus)	<input type="checkbox"/> Scholarship/Fellowship
<input type="checkbox"/> Clerical/Administrative	<input type="checkbox"/> Technical (i.e. Web Development)	<input type="checkbox"/> Training	<input type="checkbox"/> Volunteer

20. Involvement of Post doc(s)

Does this project involve hiring of post doc(s)? Yes No

Name: _____ % Effort: _____

If Yes, please list the names of post doc, if available, or mark TBH(to be hired).

Name: _____ % Effort: _____

Name: _____ % Effort: _____

21. Risk Management Review Items (check any of the following):

Please carefully review and respond to each specified item detailed in the listing of Risk Management Review Items.

Yes	No	Does the project require/involve	Yes	No	Does the project require/involve
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract(s)	<input type="checkbox"/>	<input type="checkbox"/>	Skin or scuba diving
<input type="checkbox"/>	<input type="checkbox"/>	Consultant(s)	<input type="checkbox"/>	<input type="checkbox"/>	Pre-approval of participation of foreign nationals (faculty, staff or students)
<input type="checkbox"/>	<input type="checkbox"/>	Minors	<input type="checkbox"/>	<input type="checkbox"/>	Training foreign nationals in using equipment. Specify: Nationality: _____ Equipment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Non-University real property	<input type="checkbox"/>	<input type="checkbox"/>	Export Control; Use, generation, exchange of export-controlled materials, equipment, or data / information
<input type="checkbox"/>	<input type="checkbox"/>	Modification of any University or ASC property, or installation of major equipment	<input type="checkbox"/>	<input type="checkbox"/>	Auto Liability (if project involves driving to/from project sites)
<input type="checkbox"/>	<input type="checkbox"/>	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	International travel. If yes, please specify: Country: _____
<input type="checkbox"/>	<input type="checkbox"/>	Liquor liability	<input type="checkbox"/>	<input type="checkbox"/>	Collaborating with foreign nationals and/or colleagues from foreign countries? If yes, specify: Country: _____
<input type="checkbox"/>	<input type="checkbox"/>	Sponsor demanding pre-approval rightsover publications	<input type="checkbox"/>	<input type="checkbox"/>	Will this project involve domestic travel? Specify State(s): _____

22. EHS: If the project involves any of the following, **contact Leo Lopez** (llopez@fullerton.edu) **prior** to work on such materials

Yes	No	Does the project require/involve	Yes	No	Does the project require/involve
<input type="checkbox"/>	<input type="checkbox"/>	Pyrophoric chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Compressed air or gas cylinders
<input type="checkbox"/>	<input type="checkbox"/>	Shock/friction sensitive chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Radioisotope or lasers
<input type="checkbox"/>	<input type="checkbox"/>	Known carcinogen(s)	<input type="checkbox"/>	<input type="checkbox"/>	Production of medical waste
<input type="checkbox"/>	<input type="checkbox"/>	DHHS/FDA/DEA/USDA regulated materials	<input type="checkbox"/>	<input type="checkbox"/>	Possible pollution exposure
<input type="checkbox"/>	<input type="checkbox"/>	Shipping equipment, chemicals, radioisotopes or biological agents, plants or soils to or from a foreign country. If Yes, please specify: Item: _____ Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	Operation at a medically-related clinic or facility

23. IBC: If the project involves any of the following, IBC approval is required **prior** to initiation of the work. Please submit [Cayuse IBC application](#) to Compliance Office at least 30 days in advance of working with such materials, or **contact Rob Denman** (rdenman@fullerton.edu) with questions

Yes	No	Does the project require/involve	Yes	No	Does the project require/involve
<input type="checkbox"/>	<input type="checkbox"/>	Recombinant/Synthetic DNA	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Agents (Bacteria, Viruses, Parasites, Fungi, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Human/Primate Sourced Material	<input type="checkbox"/>	<input type="checkbox"/>	Transgenic Animals/Plants
<input type="checkbox"/>	<input type="checkbox"/>	Biologically Active Agents (e.g., toxins)	<input type="checkbox"/>	<input type="checkbox"/>	Animals exposed to or infected with Recombinant/Synthetic DNA

Additional Investigator(s) Information (List all CSUF key personnel involved in the project & specify the semester or semesters in which the time requested will be provided (i.e. Spring '18), the type of time requested, and the percentage of time or the number of units of released/reassigned time being requested).

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¹ For proposals to NSF, PHS (e.g., NIH), USDA or other applicable federal agency: PIs/co-PIs must complete the **Financial Conflict of Interest (FCOI) Form**.

PIs requesting funding from non-profits and other non-public organizations must file a California **Form 700-U** form.

Please see policies and guidelines at http://www.fullerton.edu/doresearch/resource_library/policies_and_guidelines.php

² Per ASC and university policy, voluntary, committed, cost-share is not allowed. Please consult with the Office of Grants and Contracts for details and clarifications.

³ If the source of cost-share is the CSUF, commitment should be made by the person authorized to approve expenditures against the CSUF account. If cost-share is from a Third Party, a written commitment from that party is needed prior to proposal submission