

# IUPUI: Routing Form

Proposal # \_\_\_\_\_

To assure on time delivery, each request and approved routing form must be received by the sponsored research office at least three (3) full business days prior to the due date

AGENCY: \_\_\_\_\_

**COPIES** Send original plus \_\_\_\_\_ copies to the agency. Submit 2 additional copies plus the number required by your department and school.

## PRIMARY DELIVERY ADDRESS

Electronic Submission: ☐ Yes ☐ No

☐ Yes ☐ No Additional delivery instructions

**DUE DATE** (mm/dd/yyyy) **TIME** \_\_\_\_\_

☐ Receipt \_\_\_\_\_

☐ Postmark \_\_\_\_\_

☐ Target \_\_\_\_\_

PA, RFA, RFP #: \_\_\_\_\_

CFDA #: \_\_\_\_\_

## PURPOSE

☐ Research

☐ Instruction

☐ Service / Other:

Specify: \_\_\_\_\_

**PROJECT DIRECTOR:** \_\_\_\_\_

Submitting Org: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

☐ Yes ☐ No Co-Project Director(s)

Co-Project Director \_\_\_\_\_

Org Code \_\_\_\_\_

Fellow: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

## PROJECT TITLE:

## LAY DESCRIPTION:

AMOUNT & DATES	Direct Costs	Indirect Costs	Total	Start	End
	_____	_____	_____	_____	_____

## TYPE

☐ New

☐ Renewal - Not Previously Committed

☐ Renewal - Previously Committed

☐ Supplemental Funds

☐ Time extension

☐ Budget revision to active project

☐ Budget revision to pending proposal

☐ Other: \_\_\_\_\_

Prior Agency Grant # \_\_\_\_\_

Current Grant # \_\_\_\_\_

IU Account # \_\_\_\_\_

Current IU Proposal # \_\_\_\_\_

**RESEARCH RISK**

Proposal # \_\_\_\_\_

YES NO

- ☐ ☐ Human Subjects: IRB Study # \_\_\_\_\_ Pending \_\_\_\_\_ or Approval Date \_\_\_\_\_
- ☐ ☐ Animals: IACUC Study # \_\_\_\_\_ Pending \_\_\_\_\_ or Approval Date \_\_\_\_\_
- ☐ ☐ Biosafety (rDNA): Study # \_\_\_\_\_ Pending \_\_\_\_\_ or Approval Date \_\_\_\_\_
- ☐ ☐ Human tissue or fluids \_\_\_\_\_
- ☐ ☐ Pathogenic agents \_\_\_\_\_
- ☐ ☐ Does any individual responsible for this project's design, conduct, or reporting have a disclosable financial conflict of interest related to this project?

**PROJECT DETAILS**

YES NO

- ☐ ☐ Cost-sharing: Amount \$ \_\_\_\_\_ Source(s) \_\_\_\_\_
- ☐ ☐ Federal pass-through source: \_\_\_\_\_
- ☐ ☐ Project is off-campus
- ☐ ☐ Program income is anticipated
- ☐ ☐ Subcontract(s): Identify \_\_\_\_\_
- ☐ ☐ Inventions have been conceived or reduced to practice under prior research on this project
- ☐ ☐ New space or remodeling will be required
- ☐ ☐ Project involves collaborative activities with foreign partner or has an international focus
- ☐ ☐ Project requires foreign travel
- ☐ ☐ Other I.U. campuses, schools, or units are involved \_\_\_\_\_
- ☐ ☐ Allocate Percent Credit to more than one individual or department (Optional for BL campus)

**PI Certifications:**

By signing as Principal Investigator (PI), I am providing the following assurances:

- (1) That all information provided in this request or application is true, complete and accurate to the best of my knowledge;
- (2) That I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties;
- (3) That, to the best of my knowledge, no federal funds have been or will be used to lobby any member or employee of Congress or employee of any federal agency in connection with the awarding of any contract, grant or cooperative agreement;
- (4) That all individuals responsible for the design, conduct or reporting associated with this project have made the necessary disclosures under the University conflict of interest policy.
- (5) That, as the PI, I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

**Department Chair and Dean/Director Certifications:**

That, as the Department Chair, Dean, or Director of the submitting unit for this proposal, the department/unit and RC assume responsibility for all resources in this proposal (e.g., personnel, space, equipment, and cost-sharing unless otherwise documented).

**NOTE: When multiple PIs are proposed, each PI must sign the route sheet.**

Project Director \_\_\_\_\_ Date \_\_\_\_\_

Dept Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

R&amp;SP or SRS \_\_\_\_\_ Date \_\_\_\_\_

Other Signatures (If Required) List Unit and Obtain Signature

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_