Effective: July 1, 2024

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 '24), 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. 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 inrepaying debts 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. Please identify total time below, including any cost-match of effort Last Name, Role Department College **First Name** (Total faculty additional pay for any given academic year is 25% maximum) Overload Time: Released/Reassigned Time: No Salary Charge **Principal** Investigator Non-Academic: Cost Match: Release Time: Cost Match: Non-Academic: Released/Reassigned Time: Overload Time:
No Salary Charge Cost Match: Release Time: Non-Academic: Cost Match: Non-Academic: Released/Reassigned Time: Overload Time: No Salary Charge
Cost Match: Release Time: Non-Academic: Cost Match: Non-Academic: Released/Reassigned Time: Overload Time: No Salary Charge Cost Match: Release Time: Non-Academic: Cost Match: Non-Academic: 2. Sponsor Sponsor Name: Institute/Division: **Program Name:** CFDA# (if applicable): Funding Opportunity #: 3. Project Title: 4. Funding Source: 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. Anticipated Award Mechanism: Subcontract/Prime Sponsor: Grant ☐ Cooperative Agreement Contract, Bilateral Agreement **6. Type of Application:** (please select from dropdown menu) 7. Project Type: (select only ONE from dropdown menu) please select Indicate the type of proposal or project that is being submitted for review. Other: 8. Sponsor Deadline: ☐Target Date: Postmark Date: Receipt Date: ☐ Electronic Submission Date/Time: _____ 9. Facilities & Administrative Costs/Indirect Costs (F&A/IDC) and Location: Will your project conduct off-campus or off-site research, defined as Rate Applied: please select data/information/samples being collected off-campus or off-site, such as If "Other", please indicate rate: _____ % fieldwork and research activities on vessels and aircraft? F&A/IDC Base: N/A If "Other" Base: If yes, please provide the location(s) (city, state/country):

FY 2024-25

1

10. Brief Description of Project (please provide a 2-3 sentence description):												
11. Ap	11. Applicable keywords (please select all that apply to the proposed project):											
Underrepresented/underserved						□ STE	M and/or (M Education	on on	Student Research			
2-year/community UC Collaborator(s) CSU Collaborator(s) Collaborator(s) CSU Collaborator(s) Collaborator(s)							tor(s) from other institutions					
		nds Requested:				<u> </u>			13. Pr	oposed	Proje	ect Period:(MM/DD/YYYY)
	<u>-</u>				&A (Indirect) Costs Total Cost					-		,
Year 1		\$	\$	\$					Start D	ate:		
Year 2		\$	\$		\$			End Date:				
Year 3		\$	\$		\$							
Year 4 Year 5		\$	\$			\$ \$			-			
Year 6+	-	\$	\$			\$			-			
Total	•	\$	\$			\$			-			
14. Cos		aring ² :		_		T		Cost Sh	are Sou	rces 3		
Required If Yes, %		onsor guidelines? Y quired:	es	No	TOTAL:				enter source of funds below)			
CSUF (Cost S	hare (in-kind / ca	ash)	:	\$			CSUF:				
Third P	arty C	ost Share (⊡in-kind /	<u>'</u> П	cash):	\$			Third party source(s):				
Total C	-		_	,	\$							
		nal Budget Inform	atio	on & Re		Please indic	ate wh	ether this p	roject inv	olves anv	of the	e following):
					•	osts (if appli		<u> </u>		Source:	O	
Addit	Additional or Renovated Space Est. Costs (if applicable): \$ Source:											
					osts (if appli							
Special Insurance Requirements Est. Costs (if applicable): \$ Source: Est. Costs (if applicable): \$ Source:												
16. Intellectual Property												
	(Check if applicable): Potentially Patentable Process or Idea											
17. Vei	rificat	tion of Complianc	e:	Com	mittee App	provals/P	rotoco	ols and St	atus (ma	ark all tha	at app	oly)
IBC	IBC (Biosafety) pleas			please	se select			Date:			Prot	cocol #
IACUC	, , , , , , , , , , , , , , , , , , , ,						Date					
IRB		nan Participants)		please				Date				ocol#
		te ONLY if propos							_			on / Institutional Data
		ıdy involve human partio	•					Yes	☐ No	components	that re	nave research and/or evaluation equire regular access or analysis of
1		ants prospectively assig				on the partici	nante?	Yes	□ No		,	.g. student demographics, student utional statistics, etc.)? This does
	1. Is the effect being evaluated a health related biomedical behavioral outcome?											
If yes or unsure, please consult the Office of Assessment												
			•			7 No	Othe	r involvem	ent of C			ectiveness at data@fullerton.edu
Does this project involve student hiring? Yes No Other involvement of CSUF students? Yes No (See student activities below)												
Number of Graduate Students Number of Graduate Students												
Number of Undergraduate Students Number of Undergraduate Students												
Please mark the appropriate description of student activity: (Mark all that apply)												
						Course Credit						
					Scholarship/Fellowship							
Clerical/Administrative Technical (i.e. Web Development) Training Volunteer						volunteer						

FY 2024-25 **2**

21. Involvement of Post doc(s)								
If Yes	, please	ject involve hiring of post doc(s)? Yes No	Name:		%			
		o be hired).		J	78 Ellott.			
22. Risk Management Review Items (check any of the following):								
Please	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		No	Does the project require/involve			
		Subcontract(s) - if yes, please complete the Subcontract(s) table on page 4.			Skin or scuba diving			
		Consultant(s)			Pre-approval of participation of foreign nationals (faculty, staff, or students)			
		Minors			Training foreign nationals in using equipment. Specify: Nationality: Equipment:			
		Non-University real property			Export Control; Use, generation, exchange of export-controlled materials, equipment, or data / information			
		Modification of any University or ASC property, or installation of major equipment			Auto Liability (if project involves driving to/from project sites)			
		Professional Liability			International travel. If yes, please specify: Country:			
		Liquor liability			Collaborating with foreign nationals and/or colleagues from foreign countries? If yes, specify: Country:			
		Sponsor demanding pre-approval rights over publications			Will this project involve domestic travel? Specify State(s):			
23. 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			
		Pyrophoric chemicals			Compressed air or gas cylinders			
		Shock/friction sensitive chemicals			Radioisotope or lasers			
		Known carcinogen(s)			Production of medical waste			
		DHHS/FDA/DEA/USDA regulated materials			Possible pollution exposure			
		Shipping equipment, chemicals, radioisotopes or biological agents, plants, or soils to or from a foreign country. If Yes, please specify: Item: Country:			Operation at a medically-related clinic or facility			
24. 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								
Complia Yes	nce Offic	e at least 30 days in advance of working with such mat Does the project require/involve	erials, or Yes	conta No	ct Rob Denman (rdenman@fullerton.edu) with questions Does the project require/involve			
163	140		Te3	140	Infectious Agents (Bacteria, Viruses, Parasites,			
		Recombinant/Synthetic DNA			Fungi, etc.)			
		Human/Primate Sourced Material			Transgenic Animals/Plants			
		Biologically Active Agents (e.g., toxins)			Animals exposed to or infected with			

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 '23), the type of time requested, and the percentage of time or the number of units of released/reassigned time being requested).									
CERTIFICATIONS: 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. Each Key Personnel below certify that they are not currently debarred or suspended from receiving federal or state assistance and that they are not delinquent in repaying debts to the federal government.									
Role	Last Name First Name	Department	ent College Please identify total time below, including any cost-match of effort						
	1 HOL Marile			Released/Reassigned Time: Non-Academic:	☐ Overload Time: ☐ No Salary Charge ☐ Cost Match: Release Time: ☐ Cost Match: Non-Academic:				
				Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:				
				Released/Reassigned Time:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:				
				☐ Released/Reassigned Time: ☐ Non-Academic:	☐ Overload Time: ☐ No Salary Charge ☐ Cost Match: Release Time: ☐ Cost Match: Non-Academic:				
Subcontra	ct(s) Informati	on							
	Name			Institution/Entity	Role				

FY 2024-25 4

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