

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 '23), 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:	Overload Time: No Salary Charge
				<input type="checkbox"/> Non-Academic:	Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	<input type="checkbox"/> Released/Reassigned Time:	Overload Time: No Salary Charge
				<input type="checkbox"/> Non-Academic:	Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	<input type="checkbox"/> Released/Reassigned Time:	Overload Time: No Salary Charge
				<input type="checkbox"/> Non-Academic:	Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	<input type="checkbox"/> Released/Reassigned Time:	Overload Time: No Salary Charge
				<input type="checkbox"/> Non-Academic:	Cost Match: Release Time: 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. Anticipated Award Mechanism :

Grant Contract, Bilateral Agreement Cooperative Agreement Subcontract/Prime Sponsor: _____

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:

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 Will your project conduct off-campus or off-site research, defined as data/information/samples being collected off-campus or off-site, such as fieldwork and research activities on vessels and aircraft? Yes No
 If "Other", please indicate rate: _____ %

F&A/IDC Base: N/A If "Other" Base: _____ If yes, please provide the location(s) (city, state/country): _____

10. Brief Description of Project (please provide a 2-3 sentence description):						
11. Applicable keywords (please select all that apply to the proposed project):						
Underrepresented/underserved students	<input checked="" type="checkbox"/> HSI	<input type="checkbox"/> Title III	<input type="checkbox"/> Title V	<input checked="" type="checkbox"/> STEM and/or STEM Education	<input type="checkbox"/> Student Research	
2-year/community college collaborator(s)	UC Collaborator(s)	K-12 collaborator(s)	CSU Collaborator(s)	Collaborator(s) from other institutions		
12. Total Funds Requested:				13. Proposed Project Period:(MM/DD/YYYY)		
	Direct Costs	F&A (Indirect) Costs	Total Costs	Start Date: _____		
Year 1	\$ _____	\$ _____	\$ _____			
Year 2	\$ _____	\$ _____	\$ _____	End Date: _____		
Year 3	\$ _____	\$ _____	\$ _____			
Year 4	\$ _____	\$ _____	\$ _____			
Year 5	\$ _____	\$ _____	\$ _____			
Year 6+	\$ _____	\$ _____	\$ _____			
Total	\$ _____	\$ _____	\$ _____			
14. Cost Sharing ²: <i>Required per sponsor guidelines? Yes No</i> <i>If Yes, % or \$ required:</i>			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):						
Equipment Purchases (≥\$5,000/system)		Est. Costs (if applicable): \$ _____		Source: _____		
Additional or Renovated Space		Est. Costs (if applicable): \$ _____		Source: _____		
Special Facilities		Est. Costs (if applicable): \$ _____		Source: _____		
Special Insurance Requirements		Est. Costs (if applicable): \$ _____		Source: _____		
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)						
IBC (Biosafety)	please select		Date: _____	Protocol # _____		
IACUC (Including custom anti-bodies)	please select		Date: _____	Protocol # _____		
IRB (Human Participants)	please select		Date: _____	Protocol # _____		
18. Complete ONLY if proposal is to NIH				19. Evaluation / Institutional Data		
1. Does the study involve human participants' research?		Yes	No	Does your project have research and/or evaluation components that require regular access or analysis of institutional data (e.g. student demographics, student success data, institutional statistics, etc.)? This does not include one-time data needs in support of proposal submission. Yes No		
2. Are participants prospectively assigned to an intervention?		Yes	No			
3. Is the study designed to evaluate the effect of the intervention on the participants?		Yes	No			
4. Is the effect being evaluated a health-related biomedical behavioral outcome?		Yes	No			
20. Involvement of Students (mark all that apply):				If yes or unsure, please consult the Office of Assessment and Institutional Effectiveness at data@fullerton.edu		
Does this project involve student hiring? Yes No		Other involvement of CSUF students? <input type="checkbox"/> Yes <input type="checkbox"/> 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			

21. 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 Name: _____ % Effort: _____
 mark TBH(to be hired). Name: _____ % Effort: _____

22. 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
		Subcontract(s)			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 rightsover 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 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
		Recombinant/Synthetic DNA			Infectious Agents (Bacteria, Viruses, Parasites, Fungi, etc.)
		Human/Primate Sourced Material			Transgenic Animals/Plants
		Biologically Active Agents (e.g., toxins)			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 '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	College	Please identify total time below, including any cost-match of effort	
select one			select one	Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:
select one				Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:
select one			select one	Released/Reassigned Time: Non-Academic:	Overload Time: No Salary Charge Cost Match: Release Time: Cost Match: Non-Academic:

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