

Creighton University Grants Administration

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<http://www.creighton.edu/grants>

Proposal Routing Form

1. Investigator and Proposal Information

Principal Investigator/Project Director/Fellowship Sponsor: _____

Phone: _____ Fax: _____ E-mail: _____

Department: _____ School: _____

Project Title: _____

Other Key Personnel (Creighton only):

1. _____ 2. _____ 3. _____

Other Faculty (Creighton only):

1. _____ 2. _____ 3. _____

Sponsor/Agency (*attach guidelines*): _____

Sponsor Deadline: _____ Receipt date or Postmarked date

Total Project Period: From: _____ To: _____

Type of Project: Research Training/Education Equipment Other

Type of Submission: New Progress Report Resubmission Renewal Revision

Budget:	Indirect Rate Used:	%	Value of Cost Sharing or
Requested Costs:	Total for Entire Project	Year 1 or Current Year	Matching Funds Provided
Direct Cost:	\$	\$	\$
Indirect Cost:	\$	\$	\$
Total Request:	\$	\$	\$

2. Special Review Checklist

Will your project involve:	Yes	No	If yes, provide:
Human Subjects?*	<input type="checkbox"/>	<input type="checkbox"/>	IRB number: _____
Laboratory Animals?*	<input type="checkbox"/>	<input type="checkbox"/>	IACUC number: _____
Recombinant DNA or other Biological Agents?*	<input type="checkbox"/>	<input type="checkbox"/>	IBC approval date: _____
Radioactive materials/radiation-generating machines?	<input type="checkbox"/>	<input type="checkbox"/>	RSC approval date: _____

* If you answered yes to any of the above questions, you must submit one copy of the entire grant proposal to the appropriate committee for review.

Will your project require:	Yes	No
A reduction in current course load for yourself or any other investigator?	<input type="checkbox"/>	<input type="checkbox"/>
A commitment of facilities/space in addition to what is currently available to you?	<input type="checkbox"/>	<input type="checkbox"/>
Any alterations to existing facilities?	<input type="checkbox"/>	<input type="checkbox"/>
Any capital equipment purchases?	<input type="checkbox"/>	<input type="checkbox"/>
Any information used in the research project to export controls under EAR/ITAR?	<input type="checkbox"/>	<input type="checkbox"/>
Any specific access or dissemination controls, if federal sponsor?	<input type="checkbox"/>	<input type="checkbox"/>
Any publication restrictions by sponsor?	<input type="checkbox"/>	<input type="checkbox"/>
Any billing to third-party payers for research related care?	<input type="checkbox"/>	<input type="checkbox"/>
Any cost sharing or matching funds from the University?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, approved by (obtain signature from dean, chair, or other authorized official): _____		
Any subcontracts or consortia agreements?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is Creighton the primary contractor or subcontractor ? (circle one)		
Who is the contract with? _____		

3. Principal Investigator/Project Director Assurance

Assurances: The information in the attached proposal is true, complete and accurate to the best of my knowledge. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. If the proposal is funded, I agree to accept responsibility for the scientific conduct of the project and will conduct the project in accordance with the terms and conditions of the sponsoring agency and the policies of the University. I will be fully responsible for meeting the requirements of the award, including providing the proper stewardship of sponsored funds, submitting all required technical reports and deliverables on a timely basis, in accordance with Federal policy.

No individual listed on this project or to be added to this project has been excluded (or, I have not been excluded) by the Office of Inspector General (OIG) from participation in federal health care programs or has been excluded from participation in government contracts by the General Services Administration (GSA).

A current Disclosure of Financial Relationship Form has been submitted with this proposal or is on file with the Grants Office. All Research Staff has been advised of the University’s Financial Conflict of Interest Policy, 3.1.10 and those required to submit a Disclosure Statement are listed in Section 7 below.

By signing below, I certify that I have read the above statements, and I further certify that the statements are accurate and truthful to the best of my knowledge and belief.

Principal Investigator/Project Director

Date

4. Other Investigator/Key Personnel/Other Faculty Assurance

By signing below, I certify that I will participate in the project at the effort as proposed in this application and that a current Disclosure of Financial Relationship Form has been submitted or is on file with the Grants Office.

Key Personnel/Other Faculty

Date

Key Personnel/Other Faculty

Date

(All Creighton University Co-investigators must sign; attach additional signature page if necessary)

5. Department and University Approvals

Approvals given on the Proposal Routing Form represent general approval of technical merit, allocation of institutional space/resources, and fiscal budgeting.

Department Chair

Date

Other Investigator’s Department Chair
(if different than PI’s)

Date

Department Chair

Date

Other Investigator’s Department Chair
(if different than PI’s)

Date

6. Institutional Approvals

Approvals given on the Proposal Routing Form represent general approval of technical merit, allocation of institutional space/resources, and fiscal budgeting.

Dean or Director

Date

Other Investigator’s Dean/Director

Date

Grants Administration

Date

Associate VP for Research

Date

General Counsel (contracts)

Date

Associate VP for Research & Compliance

Date

7. Other Research Personnel Disclosures

The following Research Staff have submitted a Disclosure of Financial Relationship Form:

One complete copy of the grant proposal must accompany this form.

For GA use only: FCOI Received: _____
Date Checked: _____ Checked By: _____