



UNDSMHS Proposal Routing Form

Proposal Title			
Sponsor		Sponsor Type	
PI Name		PI Dept	
PI Title		PI Phone	
Proposal Type		Function	
Proposal Start Date		Proposal End Date	
Due Date to Sponsor		UND Project No. (if applicable)	

	Direct Costs	F&A (Indirect) Costs	Total Costs
Total Budget			

Check if your project involves any of the following UND commitments:

- Matching Funds / Cost Share
- Faculty Release Time Beyond Current Allocation
- Office / Lab Space Beyond Current Allocation
- UND Employees Showing Effort, But Not Receiving Salary
- Graduate Student Tuition Waiver
- F&A Cost Waiver

Check if your project involves any of the following (review and approval of a proposal may be required by the appropriate committee):

- Animals (Institutional Animal Care Committee)
- Human Subjects (Institutional Review Board)
- Biohazards or Recombinant DNA (Institutional Biosafety Committee)
- Radioactive Materials (Radiation Safety & Haz. Mat. Committee)
- Controlled Substances / DEA License Required

Please answer the following questions:

Has lobbying occurred with respect to this proposal (Required for Federal projects only)?	
Does this proposal require modifications to existing building utilities, construction of new spaces, or impact existing buildings?	
Does this project have a confidentiality agreement, proprietary information or a material transfer agreement?	
Does this proposal involve employees from depts outside the SMHS? (If so, an F&A Return Distribution Memo will be needed)	
Does this proposal focus in part or completely on Native American populations?	
Did this proposal result from a Faculty Research Seed Money (FRSM) grant (If so, date of FRSM award)? _____	
Does this proposal include an F&A rate which is lower than our federally-negotiated rate?	
Will this proposal need to be submitted electronically by the Research Development & Compliance Office?	
Is this proposal in response to the American Recovery and Reinvestment Act of 2009 (ARRA)?	

By signing, I am certifying that: (1) I have filed appropriate, up-to-date Conflict of Interest forms that relate to the University of North Dakota. These forms indicate that I will cooperate in the development of a Memorandum of Understanding that constitutes a conflict of interest "resolution plan" if a conflict of interest or potential conflict of interest is found to exist that relates to this proposal, and to comply with any conditions or restrictions imposed by the University to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award; (2) the information submitted within the application is true, complete and accurate to the best of my knowledge; (3) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; (4) I agree to accept responsibility for the scientific and financial conduct of the project, and to provide the required reports if an award is received as a result of this application.

Principal Investigator Date

Principal Investigator (if multiple PI application) Date

Approvals

UNDSMHS Grants & Contracts Officer Date

Grants & Contracts Administration Date

Department Chairperson Date

Department Chairperson (if multiple departments) Date

Edward Sauter – Assoc. Dean for Research Date

Dean (if multiple schools) Date

Joshua Wynne – Executive Dean Date

Research Development & Compliance Date

When Fully Signed, Please Call _____ Phone Number _____