Office of Academic Grants Routing Form (OAG)

OAG File Name_____(for OAG use only)

Contact OAG as soon as you decide to submit a proposal. This office will work with you to discuss the timeline for submission, develop your proposal, and budget. This routing form will be attached to a copy of the final budget, a draft of the proposal, and any additional forms or letters required for submission (Routing Packet). Be aware that it can be a time consuming task to get all the academic approval signatures. Begin early enough to complete the routing process in time to deliver this Routing Packet to OAG (5) working days prior to deadline for submission to allow for institutional review. This form must be completed and approved as part of the process of submitting a grant or contract proposal to an outside funding agency/sponsor for external funding. If a proposal is submitted without institutional approval, should subsequent review reveal that the proposal is incomplete or does not conform to Institutional or Sponsor requirements, the proposal may be withdrawn by the Office of Academic Grants. The form remains in OAG's grants file as a part of the permanent record of the grant application when an award is received.

Date OAG Received _____ Proposal Due Date _____
Application to be Submitted to Agency by: ☐ Electronic Submission ☐ Postmark ☐ Delivered to_____

PROJECT INFORMATION

Principal Investigator Name: Last_____First_____
Campus Phone_____E-mail_____
University Area: ☐CPS ☐RHCHP ☐Regis College ☐ Library ☐Students Life ☐Mission ☐New Ventures and Strategic Planning
Co- Investigator Name: Last_____First_____
Campus Phone_____E-mail_____
Co- Investigator Name: Last_____First_____
Campus Phone_____E-mail_____

Title of Proposal:
_____
Brief Non-Technical Description:
_____
_____
_____

Agency Submitted to:_____Proposed Start Date: _____Proposed End Date:_____
Agency Address:_____
Grant Officer/Contact Person:_____
Agency Program:_____Agency Phone:_____Grant Officer/Contact Phone:_____

Project Type (Choose One)	**Project Category (Choose One)**	**Sponsor Type (Choose One)**
☐New First Time Submission	☐Research Basic	☐Federal
☐New Resubmission	☐Research Applied	☐State
☐Competitive Renewal	☐Service/Outreach	☐Local Government
☐Continuation	☐Instruction/Training	☐Business Grant (not Sponsor or Gift)
☐Revised (Budget)	☐Leave Support	☐Non-Government R&D
☐Revised (Other)	☐Conference/Workshop	☐Associations or Professional Groups
☐Supplemental Requests	☐Equipment	☐Foundation
☐Subaward	☐Student Services	☐Foreign
☐ Federal Pass Through	☐Scholarships/Internships/Fellowships	
Prime:_____	☐Public Service	

If project is NOT NEW supply: Grant Number_____Budget Number_____

COMPLIANCE

This is a ☐Grant ☐Contract ☐Cooperative Agreement ☐ Subcontract ☐Consulting Agreement
The Agency has Reporting Requirements Yes ☐ No ☐ Report Requirements other than Financial & Final Yes ☐ No ☐
Use of Human Subjects Yes ☐ No ☐ If Yes, Approval Date:_____IRB#_____Approval Pending ☐ Date Submitted_____
Use of Animal Subjects Yes ☐ No ☐ If Yes, Approval Date:_____IACUC#_____ Approval Pending ☐ Date Submitted_____
Regis University required Training completed by PI and all Research Personnel Yes ☐ No☐ **NSF** Required Yes ☐ No ☐ **NIH** Required Yes ☐ No
BioSafety concerns ☐Yes ☐ No Radioactive materials ☐ Yes ☐No Controlled Drugs, Hazardous Chemicals or Materials ☐ Yes ☐ No
Hazardous Waste ☐ Yes ☐ No
This is a Collaboration with another Institution Yes ☐ No ☐
Working with an external agency, institutions or other party to perform a part of this project?☐ Yes ☐No
IT Support required (i.e., purchase of a server, wiring of facilities, and installation of new software or equipment contact its@regis.edu) Yes ☐ No ☐
Project involves creation of a course, curriculum, new minor, new major, new program ☐Yes ☐ No
Any post-grant Regis University commitment ☐ Yes ☐ No
Project may produce material eligible for patent or copyright ☐ Yes ☐ No

PROJECT BUDGET

Budget Category	Budget	Special Requirements
Direct Cost	$	Additional Space Required ☐ Yes ☐ No
Facilities and Administrative Cost	$	Subawards ☐Yes ☐ No
Total project Cost	$	Equipment over $5000 ☐ Yes ☐ No
Grant Request	$	Travel Domestic ☐ Yes ☐ No
Cost Share Category		Travel Foreign ☐ Yes ☐ No
RU Cost Share (in-kind)	$	Material or Equipment to be transferred to RU or away from RU ☐ Yes ☐ No
RU Cost Share (cash)	$	Project Under Export Control Restrictions ☐ Yes ☐ No
Non-RU Cost Share	$	Construction or Renovation involved with the project ☐ Yes ☐ No
Total Project Cost Share	$	Course Release ☐Yes ☐No
Total Project Cost	$	Summer Salary ☐Yes ☐ No

Regis University Facilities & Administrative Rate Applied ☐ Yes ☐ No If Rate not Applied ☐ Agency Required Rate _____% ☐ None Allowed
If it is Applicable, Attach Agency Document requiring change in the Regis University Facilities &Administrative Indirect Cost Agreed Rate.

Principal Investigator/Project Director Financial Conflict of Interest Assurance

I certify that I have read the Regis University Conflict of Interest Policy including and pertaining to sponsored projects and that **(choose one):**
☐To the best of my knowledge, no disclosure(s) of an actual or potential conflict of interest is (are) required with respect to this proposal.
☐A disclosure is required and a completed Regis University Significant Interest Disclosure form submitted to the OAG Director.

PI Signed_____Date_____

Co-PI Signed_____Date_____

Co-PI Signed_____Date_____

Principal Investigator/Project Director Assurance Certification

Multiple Principal Investigator Projects: For those projects designated as a Multiple PI Project the listed PIs share the responsibility for directing and managing the project in accordance with University and Sponsor policies and procedures. The contact PI will be responsible for relaying communication between all the PIs, University Officials and the Sponsor.
Principal Investigator Endorsement: By signing below you agree to perform the work and manage the project in accordance with University and Sponsor policies and procedures.
Investigator(s) Assurance Statement as Required by Federal Regulation: Investigator(s), by signing this form, further certify that : (1) I am not delinquent on any federal debt; (2) the information submitted within the application is true, complete and accurate to the best of their knowledge; (2) that any false, fictitious, fraudulent statements or claims may subject the Investigator(s) to criminal, civil, and administrative penalties; and (3) that the Principal Investigator(s) agree to accept responsibility for the scientific and technical conduct of the project and to provide the required progress reports and the final report if a grant is awarded as a result of the application.
Principal Investigator(s) Eligibility Certification: My signature further certifies that (1) I am not delinquent on any federal debt; (2) I am not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from current transactions by a federal department of agency; (3) I have not and will not lobby any federal agency on behalf of this award; (4) I will accurately disclose program progress, results, and revenue to Regis University and the grantor.

PI Signed_____Date_____

Co-PI Signed_____Date_____

Co-PI Signed_____Date_____

Regis University College or Area Academic and Administrative Assurance Certification

The signatures below indicate review of the above referenced proposal; confirmation that it is consistent with departmental, college and /or university mission, practices, and priorities; and approval of all commitments described in the proposal including those involving space, equipment, personnel, release time, cost sharing and conflict of interest.

Department Chairperson or Area Director_____Date_____

Academic Dean or Area Vice President_____Date_____

Regis University Institutional and Administrative Assurance Certification

This proposal has been reviewed and meets agency instructions and requirements, and therefore authorized for submission:
Director of Academic Grants_____Date_____

Regis University Institutional Authorized Assurance

Provost_____Date_____