



**The Research
Foundation for**

The State University of New York

ROUTING SHEET

IMPORTANT: The grant proposal or contract documents and a completed and signed routing sheet must be submitted to the Pre-Award office *at least 5 (FIVE) business days* prior to the date when the proposal or contract must be returned to the sponsor.

Principal Investigator: _____

Department/Room No. _____ Ext. _____

Co-Principal Investigator: _____

Department/Room No. _____ Ext. _____

Title of the Project: _____

SPONSOR INFORMATION:

Sponsor due date: _____

Sponsor: _____

Address: _____
(if application will be mailed)

Sponsor Type: Federal State of New York Other (*specify*) _____

Type of Application: Grant Contract Subcontract Other (*specify*) _____

Proposal in response to RFP? No Yes (*please email to: sternme@buffalostate.edu*)

Type of Funding: New Supplement Continuation Revision

Describe the Purpose of the Project: Research Training Public Service Other

If Research, Which Type: Basic Clinical Translational Other

Primary Discipline Code for Project: ([Discipline Code List](#)) _____

BUDGET INFORMATION:**DIRECT****INDIRECT****TOTAL**

First budget year: _____ to: _____

Total budget period: _____ to _____

Indirect cost rate _____ Is this submission on campus, off campus, or both? _____

COST SHARING INFORMATION: THIS INFORMATION MUST BE INCLUDED ON SIGNATURE PAGE.Is cost sharing involved with this project? Yes No

If YES, provide the following information and approvals:

Cost Sharing is: Required by sponsor Offered voluntarily In-Kind Total Value: _____

Individual Faculty (name, % of time, and total cost)

F&A Waiver (attach approved request form)

 Third Party Amount: _____

Source of Funds: _____

Are there costs associated with this project that will continue after the project ends? Yes No*If yes, please describe*

BUDGET REVIEWED BY RESEARCH FOUNDATION PERSONNEL: _____
Signature of RF/SPO

MANDATORY IDENTIFICATION OF RESEARCH SPACE: If this is a research project, please identify below the **building(s) and room number(s)** of existing space that will be used to conduct this research, **how the space will be used** (e.g., office, lab, storage), and **percent of usage time**.

ADDITIONAL SPACE OR RENOVATION(S) NEEDED: Will this project require renovation(s) of existing space, additional space and/or facilities? Yes No

If yes, please obtain approval from the Facilities Planner PRIOR to proposal submission.

Explain need to renovation / additional space or facilities:

Signature – Facilities Planner

Comments from Facilities Planner:

GREAT LAKES CENTER – USE OF FIELD STATION OR PERSONNEL

Will you require the use of lab facilities at the GLC Field Station? Yes No

Will you need GLC personnel (boat time/use, diving personnel, etc.)? Yes No

Signature – GLC Representative

COMPUTING AND TECHNOLOGY SERVICES

If your project will require College Computing and/or Technology Services, please check the relevant boxes below:

Server Space Software Support Other

You will need to address these needs PRIOR to award acceptance. Contact Pre-Award for details.

IS THE PROPOSAL RELATED TO:

Cancer Research HIV Research Investigational Drug None of these

WILL THE PROJECT INVOLVE ANY OF THE FOLLOWING:

Yes No Use of animals. (If yes, date of committee approval _____)

Yes No Use of human subjects through interviews, questionnaires, or surveys, psychological testing, collecting personal data, laboratory procedures, etc.
(If yes, date of Institutional Review Board approval _____)

Yes No Will controlled substances be used in connection with this research?

Yes No Will this project generate radioactive waste or other hazardous waste materials?
(If yes, contact Environmental Health and Safety for institution regulations.)

EHS Approval / Name and Date

Yes No Does this proposal present a potential conflict of interest? (If yes, please explain.)

Note: Conflict of Interest statements MUST be completed each academic year by anyone submitting a proposal. Contact Pre Award with any questions.

Yes No Do you anticipate program income (e.g., conference fees, registration fees)?

EXPORT CONTROLS

Will this project include international travel? Yes No

If yes, please specify Country(ies) _____

If yes, please complete the Export Controls Survey for Funding Applications ([PreAward Export Form](#))

Will you be taking **Scientific Equipment / Computers or Laptops / Software**? Yes No

Do you or your study team, as part of this project, anticipate transferring or providing access abroad by any means, to any software, laboratory equipment, biologics, materials, or any other commodity such as laptop, cell phone, cameras, to any individual (e.g. subcontractor, consultant, colleague or sponsor)? ___ Yes ___ No

Please contact Jessica Berg (bergjm@buffalostate.edu) with any questions.

Please obtain your Chair and Dean's signatures on the next page, then **email** this document to bergjm@buffalostate.edu and sternme@buffalostate.edu within 5 business days of application deadline.

Please complete boxes or Routing Sheet will be returned.

Cost Share Yes No

Amount _____

Source(s) _____

See page 2 for details

Salary Recovery

% Effort _____

Salary Amount _____

FB Amount: _____

Your signature below certifies that the proposal has been reviewed and approved by the appropriate campus officials and that the necessary provisions for any cost sharing or faculty release time will be met.

	Print Name	Signature
Project Director (PI)	_____	_____
Co-PI (when applicable)	_____	_____
PI's Department Chairperson	_____	_____
Co-PI's Department Chairperson	_____	_____
Dean(s)	_____	_____
	_____	_____
Vice President (when applicable)	_____	_____
Director, Sponsored Programs	<u>Jessica M. Berg</u>	_____
Alternate Designee	_____	_____

For Research Foundation Use Only

Date received at the Research Foundation _____

Forwarded to _____

By _____ Date _____