



**INTERNAL ROUTING FORM FOR PROPOSALS**

<input type="radio"/> yes <input type="radio"/> no	Electronic submission( e.g. Grants.gov).
<input type="radio"/> yes <input type="radio"/> no	Proposal contains draft narrative or other provisional material. Budget and Cost Sharing <b>MUST</b> be final with routed proposal.
<input type="radio"/> yes <input type="radio"/> no	Proposal requires Financial Conflict of Interest Disclosure. The principal investigator(s) has read and is familiar with the MSMU Financial Conflict of Interest Policy and procedures with regard to sponsored research and has attached all of the required documentation.

**Please complete this form in its entirety.**

Including signatures by Principal Investigator (PIs).

Co-Principal Investigator(s), Department

Chairperson/Director of administering unit, and Dean; **send it and one copy of the final budget and project**

**abstract** to Kathy Criasia at [grantsoffice@msmary.edu](mailto:grantsoffice@msmary.edu) X5503

Principal Investigator (Contact PI): LAST NAME:	FIRST NAME:	Tel:	E-mail:
Contact PIs Dept. of Primary Appointment/School or College:		Tel:	E-mail:
Co-Principal Investigator(s) LAST NAME:	FIRST NAME:	Tel:	E-mail:
Co-Principal Investigator(s) LAST NAME:	FIRST NAME:	Tel:	E-mail:
Dept./School Administrative Contact:		Tel:	E-mail:
Sponsor:		URL:	
Contact name and address:		Tel:	E-mail:
Funding Opportunity Announcement # (if applicable):	Grant, contract, or proposal # (if applicable):	Due Date to Sponsor: (mm/dd/yyyy):	Due Date to Prime Applicant (if applicable):

**Proposal Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ (mm/dd/yyyy) **End Date:** \_\_\_\_\_(mm/dd/yyyy)

**Proposal/Application Type:**

- New   
  Renewal   
  Continuation   
  Revision   
  Resubmission
- Research   
  Training/Instruction   
  Fellowship   
  Service/Other



Budget Information:	Dates (mm/dd/yyyy)		Direct \$	Indirect \$	Total \$
First budget year covered by this application	From:	To:	\$0.00	\$0.00	\$0.00
Total period covered by this application	From:	To:	\$0.00	\$0.00	\$0.00
Fringe benefit rate:		F&A* (indirect cost rate(s))		Rate other than MSMU negotiated rate:	
*If sponsor uses MTDC as F&A base: Exclude subcontracts over \$25,000 (the first \$25,000 is included in the calculation), equipment, capital expenditures, alterations & renovations, patient care costs, rental costs, participant support costs, student stipends, scholarships, fellowships, and tuition payments. <b>Fringe benefits are included in this calculation.</b>					

**Committee Approvals: (Copies of approved forms must be attached.)**

**Cost-Sharing Proposed?**

Committee:	Approval Date:	Approval #	Status*	Status Definitions:	
IRB				(A) Pending	Yes <input type="radio"/>
BIOSAFETY				(B) Submitted to Committee	No <input type="radio"/>
RADIATION SAFETY				(C) N/A	Amount:
				(D) Approved	Source:

If Cost-Sharing is required, do you have the appropriate commitment letters attached, i.e., Dean/President/Development?

Principal Investigator/Co-Principal Investigator(s)

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Dept. Chairperson or Director

\_\_\_\_\_

Date: \_\_\_\_\_

Dean

\_\_\_\_\_

Date: \_\_\_\_\_

VP for University Affairs (required only if grant includes new employee positions)

\_\_\_\_\_

Date: \_\_\_\_\_

Finance/Business Office

\_\_\_\_\_

Date: \_\_\_\_\_

Grants Manager

\_\_\_\_\_

Date: \_\_\_\_\_