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| **BELLARMINE UNIVERSITY OSP**  **Proposal Routing Form** | | | | | | | | | | | | | | | | | | | |
| All Bellarmine employees (faculty [and supervised students]; staff) who are interested in seeking outside funding through grants or contracts, must contact the OSP for assistance with the coordination, budget development, review, and submission of all externally contracted funds. Although early contact with OSP is always best, all proposals for external funding should be received by OSP at least 10 business days in advance of submission. Faculty and staff are strongly encouraged to work closely with their department chairs, supervisors, and deans throughout the submission process to facilitate successful applications for external support. Externally sponsored recipients must also work closely with OSP during the funded period to meet all reporting requirements, including extensions, renewals, and annual and final reports. | | | | | | | | | | | | | | | | | | | |
| **INSTRUCTIONS**: This routing form is an internal form for documenting the University’s official approval of the plans and commitments contained in proposals to external sponsors. It is required for external funding. | | | | | | | | | | | | | | | | | | | |
| **Proposal Number:**  *(Assigned by OSP)* | | | | | |  | | | | | | | | **Letter of Intent (LOI):** | | |  | | |
| **PROJECT TITLE:** | | | | | |  | | | | | | | | | | | | | |
| **Project START Date:** | | | | | |  | | | | | | | | **Project END Date:** | | |  | | |
| **INVESTIGATOR INFORMATION** | | | | | | | | | | | | | | | | | | | |
|  | | | | **Name** | | | | | **Email** | | | | | | **Department/Affiliation** | | | | **Status\*** |
| **Principal Investigator (PI)** | | | |  | | | | |  | | | | | |  | | | |  |
| **Co-investigator (CoPI) #1** | | | |  | | | | |  | | | | | |  | | | |  |
| **Co-investigator (CoPI) #2** | | | |  | | | | |  | | | | | |  | | | |  |
| **Co-investigator (CoPI) #3** | | | |  | | | | |  | | | | | |  | | | |  |
| \*Please indicate faculty, staff, student – graduate (G) or undergraduate (UG), or other (please specify). You may insert additional rows for CoPIs as necessary. | | | | | | | | | | | | | | | | | | | |
| **BUDGET INFORMATION** | | | | | | | | | | | | | | | | | | | |
| NOTE: Attach a detailed budget by year and line item.You may insert additional rows as necessary. | | | | | | | | | | | | | | | | | | | |
| **Direct Costs** | | | | |  | | | **On Campus**  **Off Campus** | | | | | | | | | | | |
| **Cost Share Costs** | | | | |  | | | For cost share, matching, in-kind please list BU acct (s): [ ] | | | | | | | | | | | |
| **F&A Costs** \_\_\_% | | | | |  | | | F&A calculation (MTDC, TDC, salary & wages, other): [ ] | | | | | | | | | | | |
| **Total Costs** | | | | |  | | |  | | | | | | | | | | | |
| **\*Overage Account #** | | | | |  | | | | | | | | | | | | | | |
| \*NOTE: a departmental account number is required at time of proposal in case the project expenses exceed the award amount, if awarded. | | | | | | | | | | | | | | | | | | | |
| **PROJECT INFORMATION & COMPLIANCE** | | | | | | | | | | | | | | | | | | | |
| Special Reviews (Check “X” all that apply) | | | | | | | | | | | | | | | | | | | |
|  | **\*IRB -** approval date or pending**:** [ ] | | | | | | | | | | |  | **Subcontracts** -please explain: [ ] | | | | | | |
|  | **Biohazards -** approval date or pending: [ ] | | | | | | | | | | |  | **Release time** -please explain: [ ] | | | | | | |
|  | **rDNA -** approval date or pending: [ ] | | | | | | | | | | |  | **Will students be hired?** How many? [ ] | | | | | | |
|  | **Select Agents -** approval date or pending: [ ] | | | | | | | | | | |  | **Will consultants by used?** How many? [ ] | | | | | | |
|  | **Radioisotopes -** approval date or pending: [ ] | | | | | | | | | | |  | **More space/space modification –** please explain **[** ] | | | | | | |
|  | **Other:** [ ] | | | | | | | | | | |  | **Other:** [ ] | | | | | | |
| \*Applications with multiple projects or subcontractors must also obtain IRB approval for each subcontract or project that has human subjects. | | | | | | | | | | | | | | | | | | | |
| **APPLICATION INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **Funding Agency/Prime Sponsor:** | | | | | | |  | | | | | | | | **Deadline:** | | |  | |
| **Federal Assistance Listing Number (FDLA)#/Solicitation #:** | | | | | | | | | |  | | | | | | | | | |
| **Application Type:** | | | <choose one> If other: [ ] | | | | | | | | **Prime Sponsor Type:** | | | | | <choose one> If other: [ ] | | | |
| **Activity Type:** | | | <choose one> If other: [ ] | | | | | | | | **Submission Type:** | | | | | <choose one> If other: [ ] | | | |
| **Is this a Subcontract?** If yes, from where? [ ] | | | | | | | | | | | | | | | | | | | |
| **Have you completed the BU Conflict of Interest Form?** [ ] | | | | | | | | | | | | | | | | | | | |
| **INSTITUTIONAL APPROVAL** | | | | | | | | | | | | | | | | | | | |
| Please review and sign appropriately: | | | | | | | | | | | | | | | | | | | |
| **Principal Investigator (PI) -** By signing below, as the principal investigator (PI), I certify that: (1) in conducting the proposed program, I am familiar with and will adhere to applicable Bellarmine University policies including, but not limited to, human and animal research, drug free workplace, conflict of interest, misconduct in research, and I accept absolute responsibility for the overall conduct of a sponsored project, including all technical, programmatic, financial compliance and administrative aspects; (2) the information submitted within the application is true, complete, and accurate to the best of the 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 technical direction and academic quality of the project and to provide the required progress reports if a grant is awarded; and 5) the project will be carried out in compliance with the terms, conditions, and policies of the Sponsor and University. The Dean of the School will have significant oversight responsibility; however, that will not alleviate the PI's responsibility level.  **Department Chair/Unit Head** - through appropriate procedures established within their respective departments, are responsible for reviewing external funding proposals, faculty status, research/training program, space/facilities, personnel/efforts/salaries/wages, and budgets considerations. By providing my name in the box below, I, as Chairperson of the PI’s department or direct supervisor of the PI, certify that I have reviewed this external funding proposal submitted to the OSP. *NOTE:* *You may insert additional rows as necessary* ***OR SUBMIT*** *a separate document.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | |  | | | | |
| **Principal Investigator (PI) Date** | | | | | | | | **PI Chair Date** | | | | | | | **PI Dean Date** | | | | |
|  | | | | | | | |  | | | | | | |  | | | | |
| **Co-Investigator (CoPI) #1 Date** | | | | | | | | **CoPI #1 Chair Date** | | | | | | | **CoPI #1 Dean Date** | | | | |
|  | | | | | | | |  | | | | | | |  | | | | |
| **Co-Investigator (CoPI) #2 Date** | | | | | | | | **CoPI #2 Chair Date** | | | | | | | **CoPI #2 Dean Date** | | | | |
|  | | | | | | | |  | | | | | | |  | | | | |
| **Co-Investigator (CoPI) #3 Date** | | | | | | | | **CoPI #3 Chair Date** | | | | | | | **CoPI #3 Dean Date** | | | | |
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| **Associate Provost Date** | | | | | | | | **OSP Date** | | | | | | | **Business Affairs Date** | | | | |
| **Suggested OSP Submission Checklist** | | | | | | | | | | | | | | | | | | | |
| Please use this suggested checklist as you prepare your proposal package for OSP review. Reminder – you must contact the OSP for assistance with the coordination, budget development, review, and submission of all externally contracted funds. | | | | | | | | | | | | | | | | | | | |
| **“X”** | | **Supporting Document** | | | | | | | | | | | | | | | | | |
|  | | Completed OSP Routing Form | | | | | | | | | | | | | | | | | |
|  | | Completed Conflict of Interest (CoI) Form | | | | | | | | | | | | | | | | | |
|  | | Detailed budget by year and line item – including cost share, in-kind, matching, and corresponding department account numbers | | | | | | | | | | | | | | | | | |
|  | | Department account number in case of overages (if awarded) with approval from the person who oversees the account | | | | | | | | | | | | | | | | | |
|  | | Sponsor guidelines/request for proposal (RFP)/funding opportunity announcement (FOA), etc. information | | | | | | | | | | | | | | | | | |
|  | | External funding proposal/request | | | | | | | | | | | | | | | | | |
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