

OKLAHOMA STATE UNIVERSITY
Routing Sheet

Part 1 Date _____

Routing Action _____

Source of Funding _____

Flow-Thru Funding Source _____

Amount Requested \$ _____

Amount Awarded \$ _____

COA/FC # _____

Requires Official Signature # to be signed _____

Requires Notarization _____

Requires Other Signature Who _____

Prepared by: _____ PH # _____

Primary Routing # _____

Other Routing #'s _____

DATE NEEDED BY _____

Begin Date _____ End Date _____

Project Title _____

Sponsor Name _____ Reference # _____

Project # _____ CFDA # _____ Research Type: Applied Basic Developmental Reset /NA *(Required for RS routings.)*

Part 2 Financial Information (Attach documentation as necessary.)

Cost Share Details/Documentation Waived F&A Documentation VPR Cost Share Form

Is recovery of F&A limited: _____ If "yes", % allowed: _____

Amt & % F&A WAIVED \$ _____ % _____

Amt & % F&A RECEIVED \$ _____ % _____

Is Subcontractor(s) requested: _____ If "yes", \$ _____

Equipment budgeted: Sponsor \$ _____ OSU \$ _____

GRA Tuition: _____ Amount \$: _____

Other F&A exempt costs: _____ If "yes", \$: _____

Are there CAS exceptions: _____

COST SHARE: Is Cost Sharing required: _____ If "yes", what % _____

Third Party Cost Share: _____ If "yes", \$: _____

VPR Cost Share REQUESTED _____ If "yes", attach required form.

Total Direct Cost Share: _____

F&A on Direct Cost Share: _____

Sponsor Waived F&A: _____

TOTAL COST SHARE: _____

Cost Share FOAPAL # (s): _____

Part 3 Compliance Information (PI must complete all applicable questions.)

Human Subjects No Yes Expires on _____ IRB # _____

Animal Use No Yes Expires on _____ IACUC# _____

Recombinant DNA No Yes Expires on _____ IBC# _____

Infectious Agents, Toxins, Prions No Yes Expires on _____ IBC# _____

Radioactive Materials/X-ray Devices No Yes Approved _____ Appl# _____

Laser Safety Inspection (Class 3b & 4) No Yes Approved _____ Address _____

Hazardous Chemicals No Yes Submission Date of Chemical Inventory List _____

Space is available for this project: No Yes Where _____ Rm# _____

Are space alterations requested? No Yes

Is this an SBIR/STTR project: Neither SBIR STTR

Is there confidential information: None In Out Both

Has Conf. Agreement/NDA been signed? No Pending Yes Date Signed: _____

Has an MTA been signed? No Pending Yes Date Signed: _____

Do you or will you have foreign nationals involved with your research? No Yes Unknown

Have EAR/ITAR regs been reviewed? No Yes Export Control Review Form Attached

Will there be any foreign travel? No Yes If "yes", where: _____

Can this funding be linked back to EPSCoR \$\$\$ - directly or indirectly? No Yes

Does sponsor reference FISMA or FISMA-like language? No Yes

Will this project need resources from the HPCC? No Yes

Does this project involve homeland security? No Yes Involves CLASSIFIED information: No Yes

If "yes", explain: _____

Financial Conflict of Interest filed: Date _____ Updates/Changes? No Yes

Does a conflict exist? No Yes If "yes", : Pending OR Resolved Certified for NIH

Is OSU Faculty/A&P Overload pay requested: _____

If "yes", APPROVED BY: Provost & Sr. Vice President _____

Part 4

Comments & Special Information:

Part 5 Approvals: Signatures acknowledge that the proposal is consistent with department/division/university policy & objectives, that all parties' commitments to the project are noted and approved. Principal Investigator/Co-PIs acknowledge all compliance requirements have been met.

Additional Investigators & Approvals Attached

PI's Department/School _____ Address _____ Org. Code _____

Principal Investigator _____ Date _____

Org. Code _____

Research Compliance _____ Date _____

Department Head _____ Date _____

Director of GCFA _____ Date _____

Dean and/or Director _____ Date _____

Vice President for Research _____ Date _____

Research Services Received Compliance Received GCFA Received VPR Received