

**OKLAHOMA STATE UNIVERSITY**  
**Routing Sheet for CHS**

**Part 1** Date \_\_\_\_\_

Routing Action \_\_\_\_\_

Source of Funding \_\_\_\_\_

Flow-Thru Funding Source \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Amount Awarded \$ \_\_\_\_\_

COA/FC # \_\_\_\_\_

Requires Official Signature # to be signed \_\_\_\_\_ **Primary Routing #** \_\_\_\_\_

Requires Notarization \_\_\_\_\_ **Other Routing #'s** \_\_\_\_\_

Requires Other Signature Who \_\_\_\_\_

Prepared by: \_\_\_\_\_ PH # \_\_\_\_\_ **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.

PI's Department/School \_\_\_\_\_ Address \_\_\_\_\_ Org. Code \_\_\_\_\_  Additional Investigators & Approvals Attached

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_ Org. Code \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Dean and/or Director \_\_\_\_\_ Date \_\_\_\_\_

Research Compliance \_\_\_\_\_ Amber Hood, M.S. \_\_\_\_\_ Date \_\_\_\_\_

Director of GCFA \_\_\_\_\_ Date \_\_\_\_\_

Vice President for Research \_\_\_\_\_ Date \_\_\_\_\_