



THE RESEARCH FOUNDATION
The State University of New York

ROUTING SHEET

To be submitted with all grant and contract applications to the Research Foundation at least **five** working days prior to the date when the original must be returned for submission 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: _____

IF THIS IS AN ELECTRONIC SUBMISSION CHECK HERE: _____

PLEASE PROVIDE SPONSOR INFORMATION:

Sponsor: _____

Address: _____

HOW MANY COPIES TO SPONSOR? _____

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 attach a copy for our reference*)

Type of Funding: _____ New _____ Renewal _____ Supplement _____ Continuation _____ Revision

BUDGET INFORMATION:

DIRECT

INDIRECT

TOTAL

First budget year: ___/___/___ to:___/___/___ _____

Total budget period: ___/___/___ to ___/___/___ _____

Indirect cost rate _____

NOTE: WAIVER OF IDC REQUIRES APPROVAL OF RF ADMINISTRATOR PRIOR TO SUBMISSION.

COST SHARING INFORMATION:

Is cost sharing involved with this project? _____ No _____ Yes

If YES, provide the following information and approvals:

Cost Sharing is: Required by sponsor _____ Offered voluntarily _____

The cost share will be met as follows:

_____ In-Kind Total Cash Value of this in-kind match: _____

Source and amount of in-kind match:

Research Foundation \$ _____

Dean of _____ \$ _____

Provost/Administration \$ _____

Individual Faculty (name and give % of time offered)

_____ Outright Cash Amount: _____

Source of Funds: _____

Are there costs associated with this project that will continue past the project period? _____ No _____ Yes

If yes, please specify _____

BUDGET REVIEWED BY RESEARCH FOUNDATION PERSONNEL: _____

Signature of RF Staff Member

SPECIAL CONDITIONS REQUIRED:

Will this project require other support such as renovations, additional space or facilities? _____ Yes _____ No

Explain:

Export Controls

Will this project involve foreign travel ? _____ Yes _____ No

If Yes, please specify: Country _____

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

Please contact Carol Darstein (darsteca@rf.buffalostate.edu) with any questions.

Does this proposal require **Tuition Waivers** for Undergraduate or Graduate Students? _____ Yes _____ No

Please specify number of waivers requested _____

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? Narcotic drug legislation (NYS Controlled Substance Act.).

_____ Yes _____ No Will this project generate radioactive waste or other hazardous waste materials?
(If yes, contact hazardous waste officer for institution regulations.)

Approval by Hazardous Waste Officer: _____

Name and Date: _____

_____ Yes _____ No Do you intend to subcontract part of this project? (If yes, the subcontract must include statement of work and a budget for each sub-agreement. DOD and NASA require additional forms.)

Name of Subcontractor: _____

Total Amount of Subcontract: _____

____ 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? (i.e. conference fees, registration fees, etc.)

____ Yes ____ No Does the project involve the use of students?

If yes, will the project result in an increase in the number of students registered in graduate or undergraduate programs? _____

Will students be charged current tuition rates? _____

Will students receive stipends or fellowships? _____

____ Yes ____ No Is there interdepartmental involvement in this project? (If yes, the proposal must be reviewed and approved by the appropriate cooperating departmental official.)

____ Yes ____ No Will the project result in any long- or short-term staff commitments? (If yes, Dean must approve extra service and release time.)

Your signature below certifies for the Research Foundation 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 as indicated on this form will be met.

	Print Name	Signature
Project Director	_____	_____
Co-PI (when applicable)	_____	_____
PIs Department Chairman	_____	_____
Co-PI Department Chairperson	_____	_____
Dean	_____	_____
Vice President (when applicable)	_____	_____
Research Foundation Endorsing Designee	<u>Edgar H. Turkle, III</u>	_____
Research Foundation Operations Manager	_____	_____

For Research Foundation Use Only

Date received at the Research Foundation _____

Forwarded to _____

By _____ Date _____