

# INTERNAL ROUTING FORM

ETSU OFFICE OF RESEARCH AND SPONSORED PROGRAMS  
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ORSPA USE ONLY  
ORSPA #

## Section A: Project Information

Project Title:

Sponsor:

URL of FOA:

Primary Sponsor (if ETSU is a subawardee):

Program Type:            Research                      Public Service                      Training/Instruction                      Clinical Trial

Name and Org Code of unit responsible for managing project, if awarded:

Principal Investigator	Banner E #	College/Division	Dept/Unit	% Effort

Box #:

Email:

Phone Number:

Key Personnel	Role	Banner E #	College/Division	Dept/Unit	% Effort

## Section B: Proposals (to be completed only for Proposals)

Initial Performance Period:            Start: \_\_\_\_\_            End: \_\_\_\_\_  
Total Performance Period:            Start: \_\_\_\_\_            End: \_\_\_\_\_  
**TYPE:**                                      New                                      Revised  
(check one)                                      Competitive Renewal                      Non-competitive Renewal

Proposal Submission Deadline: \_\_\_\_\_  
Electronic Submission                      PI to Submit                      ORSPA to submit  
Hard-copy Submission                      Campus Mail                      Pick Up\*  
\*Contact name and phone number for pick up:

## Section C: Contracts (to be completed only for Contracts)

### I. Agreements Type \*Please indicate the Begin and End Date below.

- a.) Contract
- b.) Subaward Agreement  
    Issued to ETSU      Issued by ETSU      Primary Sponsor for Subs issued by ETSU:
- c.) Non-Monetary Agreement  
    Material Transfer Agreement (MTA)      Memorandum of Understanding (MOU)  
    Data Use Agreement (DUA)      Confidentiality/ Non-Disclosure Agreement (CDA / NDA)

### II. Agreement Status      For Amendments Only (check all that apply):

- a.) New Agreement      New End Term\*      \*If yes, please indicate the new End Date, below.
- b.) Amendment      No Cost Extension (for Federal Awards)\*  
    Additional Funding      If yes, additional amount:      \$

III. Term      Begin Date:                                      End Date:

## Section D: Compliance and Special Approvals

**Check all that apply and either provide approval # or state "pending", if applicable**

- |   |  |
|---|--|
| <input type="checkbox"/> Human Subjects* ----- IRB # _____                | <input type="checkbox"/> Confidentiality     |
| <input type="checkbox"/> Animal Care* ----- UCAC # _____                  | <input type="checkbox"/> Additional Space    |
| <input type="checkbox"/> Recombinant DNA* ----- Biosafety # _____         | <input type="checkbox"/> Computer Cluster    |
| <input type="checkbox"/> Select Agents/Pathogens* ----- Biosafety # _____ | <input type="checkbox"/> Create New Position |
| <input type="checkbox"/> Human Cells/Tissues* ----- Biosafety # _____     |  |
| <input type="checkbox"/> Radioactive Materials*                           |  |
| <input type="checkbox"/> <a href="#">Export Control Regulations</a>       |  |
- \*Copies of approval documents will be required in the event of an award.*

(activities, travel, technology, restrictions on publications, and/or materials subject to U.S. Export Control)

## Section E: Budget

check one:       **New**                       **Revised**                       **Awarded**

Indirect Cost Information	Period	Direct \$	Indirect \$	Total \$	Match \$**
Applicable Federal Rate* _____ %	Year 1				
Requested Rate* _____ %	Year 2				
<input type="checkbox"/> Sponsor restricted rate (attach guidelines)	Year 3				
	Year 4				
*If reduced or waived, attach an <a href="#">Indirect Cost Reduction/Waiver Request</a>	Year 5				
	Total				

### University Match\*\*

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Cash      | <input type="checkbox"/> In-Kind   |
| <input type="checkbox"/> Mandatory | <input type="checkbox"/> Voluntary |

\*\*Please list source of matching funds (if applicable):

1) Unit: _____	Index #: _____
2) Unit: _____	Index #: _____

## Section F: Certifications and Signatures

### Principal Investigator Certifications:

- a) The information contained on this form and the corresponding proposal is accurate and complete.
- b) If an award is made, I am responsible for compliance with award terms and conditions and University policies and procedures, particularly for the technical conduct of the work, submission of technical reports, and for compliance with ETSU policies regarding financial management and areas requiring special approval.
- c) If this proposal is awarded, I have arranged for funding any cost-share requirements.
- d) At the time of this application, the PI and Key Personnel listed here have no current or anticipated *Conflict of Interest* with regards to this sponsor and the proposed research. Annual updates will be required for all Key Personnel.
- e) PI signature below certifies agreement with all of the above, including Conflict of Interest Policy.

[Financial Conflict of Interest Policy](#)

[Significant Financial Interest Disclosure Form](#)

### Signatures: Must be obtained from each Department/College represented.

Principal Investigator	Chair	Date	Dean	Date
Key Personnel (Co PI, Co Investigator, Investigator)				
College of Medicine F&A ( <i>Division of Health Sciences only</i> ):				Date:
Vice President ( <i>only if matching funds are committed</i> ):				Date:
Assoc. Dir., Contract Management	Date	Director, ORSPA	Date	
Assoc. Dir., Sponsored Programs	Date	Vice Provost for Research	Date	