



PROPOSAL ROUTING FORM

1. INVESTIGATOR INFORMATION

PI:

PI Email:

2. PROPOSAL INFORMATION

Prime Sponsor:

Due Date:

Lead Institution:

Solicitation:

Proposal Type:

Project Dates:

Activity Type:

Proposal Title:

3. BUDGET INFORMATION

Proposed Budget Requested From Sponsor:

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Direct Costs						\$ -
Indirect Costs						\$ -
TOTAL COSTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Cost Share: No

Proposed Cost Sharing:

Description	In-Kind	Cash	Total
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Total Cost-Share	\$0.00	\$0.00	\$0.00

4. REGULATORY COMPLIANCE

Special Research Concerns:

No	Human Subjects
No	Vertebrate Animals

Export Controls:

No	Foreign subs
No	Foreign travel (scientific conference exempt)
No	Equipment, materials, or software to be exported to foreign countries
No	Dual-use/designed for military use or modifications for military use

Financial Conflict of Interest:

No	Does this proposed project create a new financial conflict for the PI not previously disclosed?
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5. ASSURANCES & APPROVALS

PI and Co-PI(s) Assurance(s): By signing below, I certify that the statements and information in the proposal are accurate, complete, and truthful to the best of my knowledge and that any false, fictitious, or fraudulent statements may subject the PI to criminal and/or administrative penalties. If the proposal is funded, I agree to conduct the project in accordance with the terms, conditions, and policies of the sponsoring agency and the applicable policies of Rider University. I certify that I have provided (or will provide) a complete, accurate, and truthful disclosure of financial interests that would reasonably appear to be affected by the sponsored project. I certify that all proposed experiments, procedures, etc., involving human subjects, animal subjects, biological or hazardous agents & materials have been approved by the appropriate compliance bodies prior to the project start date and expenditure of funds. I certify that I am not federally debarred from receiving federal assistance and benefits.

PI: _____ **Date:** _____

Co-PI: _____ **Date:** _____

Chair, Dean Assurances: By signing below, I certify that I have reviewed the proposed sponsored project and approve of the scientific merit, proper allocation of departmental/school space and resources, and fiscal budgeting.

PI Chair: _____ **Date:** _____

PI Dean: _____ **Date:** _____

Grants Manager: _____ **Date:** _____

VP Finance: _____ **Date:** _____

Associate Provost: _____ **Date:** _____

Provost: _____ **Date:** _____