

B. Enter Total Third-Party/External Cost Share/Match:\$

Proposal Routing Form

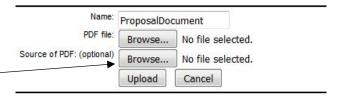
For	OSP Use Only:
Proposal Log #:	•
ate Submitted:	
Electronic	Postmark

42.4	Office of Sponso	ored Programs	ElectronicPostmark
cayuse 424			
	A. Basic Proposa	I Information	
Principal Investigator/Project Director:			
Department:	Ext: E-N		
University Center/Institute (specify):			
Proposal Title:			
Yes No Does this project include MSU Co	n-Investigator(s)? If yes Co-li	ovestigators must also sign/certify	on nage 3
			· -
Period of Performance (xx/xx/xxxx):			
Primary Sponsor (primary source of funding, e.	g., NSF, State of NJ Agency, A	ABC Foundation, etc.): Sponsor D	eadline (m/d/yr):
MSU is the lead applicant institution (list al	l external collaborating insti	tutions below):	
*Please check here if this proposal is an NSF elec	tronically linked collaborative s	ubmission or if collaborating partners o	are submitting separate applications.
Lead applicant institution (if not MSU, list I	ead applicant institution firs	t, followed by all other collaborati	ng institutions):
Proposal Type (choose from list): Activity Type (choose from list): Expected Funding Mechanism (choose from lis		rch Type ? (choose from list):	
	B. Budget Summary (include all years)	
Total Direct Costs: To	tal Indirect Costs:	Total Budget:	
Indirect Cost Rate: 45% of Modified Total Dir		15.5% of Modified Total Direct C	osts (off-campus rate)
		e enter the Sponsor Mandatory R	
Yes No Does the budget include acader	nic year course buyout and/	or release time for one or more pr	oject personnei?
С.	University and Third-Po	arty Cost-Sharing/Matching	7
The authorized departmental fiscal agent			_
department number source <u>prior</u> to subm	- 	cost-snaring/matching below	ana provide rivis
· ——			. (0)
		, specify sponsor match requireme	· · · · · · · · · · · · · · · · · · ·
Yes No Is third party (external to MSU	J) cost-sharing/matching inc	luded in this proposal? If yes, ent	er total in B., below.
Sub-Type (select from drop down) FMS	Dept. Number	Amount	Dept. Fiscal Agent Approval
		\$	
		\$	
		\$	
		\$	
		\$	
A. Total University Cost-Share/Match: \$			

Total Committed Cost-Share: \$

D. Proposal Compliance Review This proposal involves (check all that apply): Use of Human Subjects IRB Protocol #: Review Pending Use of Animal Subjects IACUC Protocol #: Review Pending Use of Biological, DNA, Stem Cell, Hazardous Materials Specify: Use of Chemical/Radioactive Hazardous Materials Specify: Export Controls (check all that apply): Collaboration with a researcher or institution outside of the U.S.? Specify Location of Collaborator(s):		
Use of Human Subjects IRB Protocol #: Review Pending Use of Animal Subjects IACUC Protocol #: Review Pending Use of Biological, DNA, Stem Cell, Hazardous Materials Specify: Use of Chemical/Radioactive Hazardous Materials Specify:		
Use of Animal Subjects		
Use of Biological, DNA, Stem Cell, Hazardous Materials Use of Chemical/Radioactive Hazardous Materials Export Controls (check all that apply):		
Use of Chemical/Radioactive Hazardous Materials Specify:		
export Controls (check all that apply):		
Collaboration with a recearcher or institution outside of the LLS 2 Specify Location of Collaborator(s)		
Collaboration with a researcher of institution outside of the 0.3.: Specify Location of Collaborator(3).		
Travel Outside U.S.? Specify Location(s) of Travel:		
Transmission of technical information, and/or shipment of materials or equipment to a foreign country? Specify Location of transmission/shipment:		
ntellectual Property and Proprietary/Confidential Information (check all that apply): Yes No Proposal involves MSU or Third-Party Proprietary (IP)/Confidential (CI) Information. If yes		
is checked, is this information clearly marked in the proposal submission? Yes No		
E. Other Special Considerations		
his proposal involves, requires, or includes (check all that apply):		
Alteration, renovation of lab space, or additional space or equipment installation requirements*If checked, Chair/Dean/Provost, and facilities and maintenance approval (if applicable) are required in CAYUSE prior to submisson.		
Employment/Trainee Data (enter number): Undergraduate Students Graduate Students Post-Doctoral		
New Positions (e.g., technician)		
Multi-disciplinary Research (across departments/colleges/institutions)		
Targeted Community/Region Impact: Specify localities that will directly benefit from the project's activities:		
F. Additional Notes		
You may use this space to provide any additional notes, explanation or other information you feel may be useful for your internal approvers (Chair, Dean, etc.).		
chair, bear, etc.j.		

Upon completion of sections A-F, please proceed to signature and certification page, and upload saved fillable form to CAYUSE 424 here



G. Investigator(s) Certification

My signature below, certifies that:

- The information submitted within the application is true, complete, and accurate to the best of my knowledge;
- I will accept (or share, with my co-investigators) responsibility for the financial and scientific conduct of the project and will provide the required financial and technical/progress reports if a grant is awarded;
- I am fully aware of the <u>University Financial Conflict of Interest Policy</u> and have on file and updated <u>Significant Financial Interest Disclosure Form</u> with the University Compliance Officer. If a Significant Financial Interests exists now, or in the future in relation this proposal, I will attach/file an updated significant financial disclosure form.

<u>H. Endorsements</u>						
	Signature	Department	Extension	E-Mail Prefix (@montclair.edu)		
PI Signature						
Co-I 1 Signature						
Co-I 2 Signature						
Co-I 3 Signature						
Co-I 4 Signature						
Click here for help creating a digital signature						

OSP USE ONLY:			
Federal CFDA # (if applicable):			
Pre-Award Officer			
Special Notes and Instructions	(if any):		
FMS Attributes for NSF HERD S	urvev		
Research & Development Y	•		
Science Non-Science			
	Sub-Field	_	
Approved By Director of OSP			
	Signature	Date	