



cayuse 424

## Proposal Routing Form

### Office of Sponsored Programs

For OSP Use Only:

Proposal Log #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

\_\_\_ Electronic \_\_\_ Postmark

#### A. Basic Proposal Information

Principal Investigator/Project Director: \_\_\_\_\_

Department: \_\_\_\_\_ Ext: \_\_\_\_\_ E-Mail prefix (@montclair.edu): \_\_\_\_\_

University Center/Institute (specify): \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Yes No Does this project include MSU Co-Investigator(s)? If yes, Co-Investigators must also sign/certify on page 3.

Period of Performance (xx/xx/xxxx): \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date)

Primary Sponsor (primary source of funding, e.g., NSF, State of NJ Agency, ABC Foundation, etc.): \_\_\_\_\_ Sponsor Deadline (m/d/yr): \_\_\_\_\_

MSU is the lead applicant institution (list all external collaborating institutions below):

*\*Please check here if this proposal is an NSF electronically linked collaborative submission or if collaborating partners are submitting separate applications.*

Lead applicant institution (if not MSU, list lead applicant institution first, followed by all other collaborating institutions): \_\_\_\_\_

Proposal Type (choose from list): \_\_\_\_\_

Research Type  (choose from list): \_\_\_\_\_

Activity Type (choose from list): \_\_\_\_\_

Expected Funding Mechanism (choose from list): \_\_\_\_\_

#### B. Budget Summary (include all years)

Total Direct Costs: \_\_\_\_\_

Total Indirect Costs: \_\_\_\_\_

Total Budget: \_\_\_\_\_

Indirect Cost Rate: 45% of Modified Total Direct Costs (on-campus rate) 15.5% of Modified Total Direct Costs (off-campus rate)

Yes No Does the sponsor limit, or exclude indirect costs? If so, please enter the Sponsor Mandatory Rate %: \_\_\_\_\_

Yes No Does the budget include academic year course buyout and/or release time for one or more project personnel? \_\_\_\_\_

#### C. University and Third-Party Cost-Sharing/Matching

**The authorized departmental fiscal agent/manager must approve cost-sharing/matching below and provide FMS department number source prior to submission.**

Yes No Is cost-sharing/matching required by the sponsor? If yes, specify sponsor match requirement (% or ratio) \_\_\_\_\_

Yes No Is third party (external to MSU) cost-sharing/matching included in this proposal? If yes, enter total in B., below.

Sub-Type (select from drop down)

FMS Dept. Number

Amount

Dept. Fiscal Agent Approval

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**A. Total University Cost-Share/Match: \$****B. Enter Total Third-Party/External 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): \_\_\_\_\_

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: \_\_\_\_\_

*Intellectual 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**

*This 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 submission.***

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.).*

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

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Name:

PDF file:  No file selected.

Source of PDF: (optional)  No file selected.

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### **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 [University Financial Conflict of Interest Policy](#) and have on file and updated [Significant Financial Interest Disclosure Form](#) 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.

### **H. Endorsements**

	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 Survey**

Research & Development    Yes    No

Science    Non-Science

Field \_\_\_\_\_ Sub-Field \_\_\_\_\_

Approved By Director of OSP \_\_\_\_\_

Signature

Date