

DIXIE STATE UNIVERSITY™

Dixie State University External Proposal Routing Form

Proposal # _____

To be completed by Project Director			
	College/Department	% Effort proposed Academic Year	Proposed % effort summer
Project Director (PD)			
Co PD			
Co PD			

Proposal Title: _____

Funding Agency: _____

Prime Sponsor if federal flow through to state or local agency _____

Proposal Due Date: _____

Funding agency	Type of proposal	Expected award type	Grant purpose
<input type="checkbox"/> Federal CFDA # or solicitation # _____ <input type="checkbox"/> Federal flow-through CFDA # _____ <input type="checkbox"/> State: <input type="checkbox"/> Local <input type="checkbox"/> Private:	<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement <input type="checkbox"/> Mandatory Pre-proposal <input type="checkbox"/> Renewal	<input type="checkbox"/> Gift <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Cooperative agreement <input type="checkbox"/> Sub-agreement from prime awardee	<input type="checkbox"/> Student services <input type="checkbox"/> Research <input type="checkbox"/> equipment

Total \$ Requested: \$ _____ Indirect Costs Requested: \$ _____
 (The Indirect Cost Waiver Form must be completed to waive/adjust indirects costs)

Period of Grant Performance: From: _____ To _____

Percent of Effort on existing and other proposed projects?

PI _____% Co PI _____% Co PI _____%

Will DSU issue a sub-agreement to another entity? Yes NO

If so, attach documentation

Will cost sharing be proposed? Yes No

If so, what is the total \$ of matching proposed ? \$ _____

If cost share proposed, will it be Mandatory Voluntary (voluntary, committed matching is very strongly discouraged).

If applicable: provide matching explanation

Source	In-Kind	Cash	Length of commitment	Authorized signature
Dean				
Chair				
Other DSU				

Attach documentation of off campus commitments toward matching on this project.

Will additional space required? Yes No

Will additional DSU employees be required? Yes No

Is release time proposed? IF so, what is the level? Yes No

Will this proposal in any way involved human subject with or without risk? Yes No
IRB # (if applicable) _____

Is Responsible Conduct of Research (RCR) training required? Yes No

Does the proposed project contain potential patentable ideas or intellectual property, I.E. software, etc.? Yes No

Does the proposed sponsor impose restrictions on freedom to publish research results?
 Yes No

Will computer equipment be purchased or leased? Yes No

Will international activities be involved? Yes No

Does this project involve student financial aid or student support? Yes No

Will consultants be used? Yes No

Does the proposed project pose any actual or perceived conflict of interest? Yes No

Approvals:

THIS PROPOSED PROJECT IS COMPATIBLE WITH THE GOALS OF THE UNIVERSITY, THE SCHOOLS, THE DEPARTMENTS, AND THE UNITS INVOLVED. ACCORDINGLY, IT HAS MY RECOMMENDATION. BY SIGNING THIS FORM, THE PROJECT DIRECTOR AGREES TO ABIDE BY ANY SPONSOR OR UNIVERSITY REGULATIONS THAT APPLY.

PI / PD Signature _____ **Date:** _____

I certify that I/we have read and understood the institution's conflict of interest policy and that I/we have made all required financial disclosures, and that I/we will comply with any conditions or restrictions imposed by the institution to manage, reduce, or eliminate actual or potential conflicts of interest. I (we) accept responsibility for financial and administrative management of the proposed project.

Department Chair/Unit Head **Date:** _____

Dean **Date:** _____

Development Office (*Only needed if funding is a GIFT*) Date

CIO-Information Services (*Needed if grant requires IT services*) Date

Director, Office of Sponsored Research Date

Authorized Institutional Representative (VP or Pres.) Date