



# PROPOSAL ROUTING SHEET

VICE PRESIDENT FOR RESEARCH

For Sponsored Projects Services Use Only

PROPOSAL # \_\_\_\_\_

SPS LOG # \_\_\_\_\_

REFERENCE # \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

DEADLINE DATE \_\_\_\_\_

Dept/College Proposal Number \_\_\_\_\_

FRS ACCOUNT \_\_\_\_\_

PRINCIPAL INVESTIGATOR (Last name, first name)	UA PHONE #	E-MAIL ADDRESS
ADMINISTERING DEPT NAME	ADMINISTERING DEPT #	ADMINISTERING FAX #
DEPARTMENTAL CONTACT	UA PHONE #	E-MAIL ADDRESS
TITLE OF PROPOSAL		
SPONSOR (Funding Agency)		

TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_ PROPOSED START DATE: \_\_\_\_\_ PROPOSED END DATE: \_\_\_\_\_  
 (Direct plus F & A costs.) (mm/dd/yy) (mm/dd/yy)

PROPOSAL TYPE (Select one):  New  Competing Renewal (NIH)  Revision  
 Continuation/Supplement to Account \_\_\_\_\_

PROJECT TYPE (Select one):  Research  Instruction  Other Sponsored Activity  
 Clinical Trial  Research Training  Other \_\_\_\_\_

F&A RATE % \_\_\_\_\_ F&A BASE  MTDC  TDC  OTHER \_\_\_\_\_  
 (Please describe)

When a waiver of F&A costs is required, secure VPR signature prior to routing the original PRS to Sponsored Projects.  
 FOR VPR/SPS USE:  On Pre-Approved Waiver List  Waiver Approval \_\_\_\_\_  
 (VPR/SPS Approval)

PROJECT LOCATION (Select one):  On Campus  Off Campus (Facilities not owned/under central lease by UA, including UMC and UPI Clinics)  
 Where will the project be conducted? Bldg \_\_\_\_\_ Room \_\_\_\_\_ Other \_\_\_\_\_

Will additional **space requirements** or space renovation be required?  Yes  No  
*If yes, please route the Space Request Form through your College.*  
 Will this project generate **program income**?  Yes  No  
 Will there be **fabrication of equipment** on this project?  Yes  No  
 Will this proposal be submitted **electronically**?  Yes  No

Does the Proposal include **COST-SHARING OR MATCHING** Funds?  Yes  No

SOURCE:

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FRS Number for USDA/USFS unallowed Grad Tuition Remission:

**PROPOSAL REMARKS/COMMENTS (non cost-sharing):**

### DOES THE PROPOSED WORK INCLUDE ANY OF THE FOLLOWING?

- Yes  No  [Animal Subjects](#)<sup>†</sup> Yes  No  [American Indian Affairs](#) \_\_\_\_\_
- Yes  No  [Cancer Related Research](#) \_\_\_\_\_ (signature required)
- Yes  No  [Foreign Nation:](#) \_\_\_\_\_
- Yes  No  [Hazardous Chemicals](#)<sup>†</sup> Yes  No  [Cancer Center Facilities](#) \_\_\_\_\_ (signature required)
- Yes  No  [FDA/EPA GLP Compliance](#)<sup>†</sup>
- Yes  No  [Human Subjects](#)<sup>†</sup> Yes  No  [Recombinant DNA/Microbial Pathogens](#)<sup>†</sup> \_\_\_\_\_
- Yes  No  [Radiation](#)<sup>†</sup>
- Yes  No  [Bloodborne Pathogens](#)<sup>†</sup> \_\_\_\_\_ (signature required)

<sup>†</sup> no project activity allowed without approval of protocol and/or registration and training **Rev 08/07**

## CERTIFICATION/APPROVALS

By signing this Proposal Routing Sheet, the Principal Investigator, Co-Investigators, Department Heads, and Deans certify that:

1. The information presented on the Proposal Routing Sheet and in the application is true, complete, and accurate to the best of your knowledge. Any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties.
2. This project is in conformance with The University of Arizona Conflict of Interest Policy. If a real or apparent conflict of interest exists, a Conflict of Interest Disclosure Form has been submitted to the Office of the Vice President for Research.
3. The principal investigator, co-investigators, or anyone involved in the sponsored activity is not presently debarred, proposed for debarment, suspended, declared ineligible, or voluntarily excluded from transactions by the federal department or agency.
4. If awarded, the principal investigator and co-investigators agree to accept responsibility for the fiscal and scientific conduct of the project and provide required progress reports in accordance with Federal law, State law, sponsor regulations, terms of the award, and University policy.
5. The principal investigator agrees to maintain a copy of the complete, original proposal, which may be accessed by the Vice President for Research.
6. F&A Revenue Distribution will be calculated by the method listed in the "F&A Allocation Box." Changes to the calculation method will require a fully-signed, original revised Proposal Routing Sheet.

**F&A Allocation Box:** Revenue Distribution Calculation Method:

PRS % distribution (% distribution listed on the PRS will be used to calculate all F&A Allocation associated with the award, even if subaccounts are assigned)  
 If you select PRS % distribution, F&A % distribution should add to 100%. If the column is left blank, 100% will be credited to the lead PI.

Subaccounts (% distribution listed on the PRS will not be used to calculate F&A Allocation)  
 If you select Subaccounts, the F&A distribution % will be "info only". The quarterly F&A Allocation will be based on actual subaccount activity/distribution

**F&A Revenue is distributed to colleges based on the scale at: [http://www.sps.arizona.edu/forms/FA\\_SlidingScale.pdf](http://www.sps.arizona.edu/forms/FA_SlidingScale.pdf)**

### Principal Investigator Summary

(Last Name, First Name) Use the Tab key to move To and From each field			Distribution of Credit for Award		Distribution of F&A Revenue (See Above)	
EIN	PI Name	% Effort	Award Dept #	% Awd Credit	F&A Dept #	% F&A Distrib
Total				100%		100%

If Award Credit and/or F&A Cost columns are left blank, the PI and department listed on the first line will be credited at 100%.

### APPROVALS

PI Name	PI Signature	Dept Head Signature	Dean Signature

Sponsored Projects Services Approval	Date:
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Additional signature pages will only be accepted when the number of Investigators exceeds the signature space on this page. Each single signature page must include signatures for all Investigators, Department Heads, and Colleges.