

NSHE Internal Routing Form for Sponsored Programs

This form is available at <http://epscorspo.nevada.edu/grant-management/>

PLEASE NOTE: Current and pending audit and compliance requirements make it essential to have fully completed routing sheets for record keeping and documentation of commitments. Please contact the Sponsored Programs Office with any questions at 702.522.7070.

Forms may be sent electronically upon completion to: nshespo@nshe.nevada.edu

Type of Document: **Proposal to be submitted**

Status: **New Proposal** **Continuation** **Current Account #**

Title of Project:

PI/PD Name: **PI/PD Title:**

Email: **SA Unit:**

Phone: **Fax:**

Funding Agency Name:

Project Start (mm/dd/yy): **Project End (mm/dd/yy):**

Total Funding Request:

Federally Mandated Compliance Areas: If any of the following items apply, you must contact SPO prior to proposal development: Human Subjects; Vertebrate Animals; Infectious Agents; Radioactive Materials; Recombinant DNA; Lasers; Other Hazardous Materials; Payment to a person or organization to lobby on behalf of this project.

Type of Project:

Competitive (peer review competition or response to a Request for Proposals)

Provide RFP link:

Partnership / Collaboration **List Partners** **Is NSHE Lead (submitting proposal)**

Other (all other proposals that do not meet the criteria above)

Reimbursement of Facilities & Administration (F&A Costs):

The funding agency disallows or limits recovery of F & A costs (if limited, rate is: %)
 Attach documentation of these restrictions

Cost-Sharing and Matching:

It is best to allow SPO to assist with the completion of this section prior to routing

Cost-sharing or matching **is not required** Cost-sharing or matching **is required** %

Detailed explanation of cost-sharing or matching commitments: include in comments section

Examples:

Contributed time of staff - Indicate person, % effort, duration, amount;

Cash matching for time of staff & other categories - Indicate person, %, duration, amount; detailed categories, amount; and/or

Third Party cash or in-kind contributions - List sources, items, amounts, and indicate how they were estimated.

Certifications and Approvals: Approval is required through your Vice Chancellor for your respective unit/department prior to obtaining authorizing signatures from SPO.

Principal Investigators: I certify that to my best knowledge the information above is correct. I further certify that I, my spouse, and/or dependent children do do not have any significant financial or personal interests that would reasonably appear to be affected by the activities funded or proposed for funding.

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I do do not have a current conflict of interest form on file in the Chancellor's office.

Signature Field

Date:

Please write a brief description of the proposed project

Vice Chancellor for your respective unit/department: This proposed project is consistent with NSHE policies and objectives. Cost-sharing/matching commitments are noted and approved.

Signature Field

Date:

Sponsored Programs and EPSCoR Office:

Signature Field

Date:

For SPO Use Only:

Funding Program Title:

CFDA #

Type of Funding:

Federal Federal Pass-through State / Local Private Non-profit Corporate Other

Type of Project:

Research Public Service Instruction Student Services Academic Support
 Institutional Support Operations & Maintenance Scholarships & Fellowships Aux. Enterprises

Entered into database Other Administrative considerations

Cost Share / Match to be tracked

RA Assigned:

SPO - additional comments, notes, or areas of concern

RFP reviewed, comments & notes