

## NSHE Internal Routing Form for Sponsored Programs

This form is available at <https://epscorspo.nevada.edu/spo-forms/>

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](mailto:nshespo@nshe.nevada.edu)

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

**Status:**  **New Proposal**  **Continuation** **Current WD Award #**

**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 the Cabinet-level supervisor of the 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.

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

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

**Cabinet-level Supervisor:** 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:**

**AL/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