

Northwestern State University of Louisiana
Office of Research and Sponsored Programs (ORSP)

ROUTING FORM FOR SUBMISSION OF GRANT PROPOSALS OR
CONTRACTS TO EXTERNAL SPONSORING AGENCIES

(This form is to be used beginning 11/1/11.)

NOTE: For internal use only. Please print or type. Deliver original proposal and forms with signatures to ORSP.
Attach a copy of the "Notice of Intent to Develop a Proposal for External Funding" to this Routing Form.

Principal Investigator/Project Director (PI/PD): \_\_\_\_\_

PI/PD Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Other Faculty/Staff Involved: \_\_\_\_\_

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

Proposal Purpose: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_ Sponsor Program: \_\_\_\_\_

Agency Receipt Deadline: \_\_\_\_\_ Location: \_\_\_\_\_

Total Requested from Sponsor: \_\_\_\_\_ Total Institutional Match (cash and in-kind):\$ \_\_\_\_\_

Program Type: [ ] Competitive [ ] Non-Competitive

Proposal Type: [ ] New [ ] Continuation [ ] Renewal [ ] Supplement [ ] Award Received

Table with 3 columns: Question, YES, NO. Rows include: Does this proposal obligate the University for cost-sharing?, Are new positions requested?, Is re-assigned time for faculty or administrative personnel requested?, Is computer equipment, software, or networking service requested?, Will building or utility renovations be needed?, Is board review (e.g., Human Subjects, Animal Subjects, Hazardous Materials) required?, Is the sponsor asked to pay indirect costs? If yes, \_\_\_% of \_\_\_ budget. If no, attach documentation of sponsor's policy to this effect. (See attached pages from RFP.), Are cost sharing/matching, enhancement analysis, and indirect-cost distribution forms attached?, Will unbudgeted funds be required?

AUTHORIZATIONS: Signatures below certify that the referenced proposal has been reviewed and approved by that institutional representative relative to goals, mission, policies, and commitment of fiscal and personnel resources of that unit of the University. Signatures further certify that, from their own institutional perspective, the proposal is an efficient and economical use of University resources.

1. PI/PD: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*The need for approval #3 must be determined in consultation with Department Head.\*\*\*
\*\*\*PI/PD is responsible for obtaining signatures #1 through #6.\*\*\*

2. Physical Plant: \_\_\_\_\_ Date: \_\_\_\_\_

3. Institutional Review Board (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

4. Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

My signature also indicates agreement with the PI/PD's assessment of the need for the review and approval of the IRB.

5. Information Systems: \_\_\_\_\_ Date: \_\_\_\_\_

6. Program Dean or Non-Academic Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Approvals #7 - 10 will be obtained by the Office of Research and Sponsored Programs\*\*\*

7. Research and Sponsored Programs: \_\_\_\_\_ Date: \_\_\_\_\_

8. Vice President for Business Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

9. Provost and Vice President for Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

10. Vice President for Research, Technology, and Economic Development: \_\_\_\_\_ Date: \_\_\_\_\_

# Cost Sharing/Matching Schedule

\*\*\* (Budget Head signatures must be obtained by principal investigator) \*\*\*

Accounting Category	Cash <sup>1</sup> , Un-bud Cash <sup>2</sup> , In-Kind Contribution <sup>3</sup>	Dollar Amount	Account Number	Signature: Budget Unit Head
1000 Personnel (list)	(circle one below)			
(1)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(2)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(3)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(4)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(5)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(6)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
2000 Travel	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
3000 Operating Services	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
4000 Supplies	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
5000 Professional Services	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
6000 Other Charges	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
7000 Capital Outlay	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
Total Budgeted Cash Match <sup>1</sup>				
Total Un-Budgeted Cash Match <sup>2</sup>				
Total In-Kind Contribution <sup>3</sup>				

<sup>1</sup> **Cash (budgeted cash match)** is defined as an actual expenditure for which there is an existing budget – restricted or non-restricted – and which requires allocation and approval of the budget unit head for that account.

<sup>2</sup> **Un-bud Cash (un-budgeted cash match)** is defined as an actual expenditure that will require allocation of new funds or re-allocation of existing funds, and which requires the approval of the President.

<sup>3</sup> **In-Kind Contribution** is defined as the use of existing personnel, equipment, or facilities, which will not require additional expenditure, but which requires allocation and approval of the budget unit head responsible for the personnel or facility.

# Enhancement Analysis

<b>1. Sponsor Contributions:</b>	(Residual effects of grant)	
a. Indirect Cost Recovered (Overhead–Facilities & Administration)		
b. Computer Software		
c. Capital Outlay (usually equipment)		
	Total 1. (a+b+c)	
<b>2. University Direct Costs:</b>	(Do not show in-kind contributions)	
a. Budgeted Cash Match		
b. Un-Budgeted Cash Match		
c. Other Cash Costs (list)		
	Total 2. (a+b+c)	
<b>3. Net Enhancement</b>	(Contributions less costs) ( 1.- 2.)	

## Indirect Cost Distribution

(If applicable)

Indirect Costs Sponsor Cash	(circle one)	Percent of Total	Dollar Amount	Account Number	Budget Head Signature
Budget Unit:		____%			
Budget Unit:		____%			
Budget Unit: Research/Sponsored Programs		<u>50</u> %		527107	
<b>Total</b>		100 %			