

GEORGIA INSTITUTE OF TECHNOLOGY SPONSORED PROGRAMS/RESEARCH PROPOSAL AUTHORIZATION ROUTING FORM		FOR OSP USE ONLY:
DEPT./LAB PROPOSAL TRACKING NUMBER		
INVESTIGATOR DATA		
PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR (DR./MR./MRS./MISS/MS.)	PHONE	CAMPUS ADDRESS & MAIL CODE
E-MAIL	FAX	
LABORATORY, CENTER, COLLEGE OR SCHOOL		ORG. ID (REQUIRED)
Co-PD/PI (s)		
ADMINISTRATIVE COORDINATOR, IF OTHER THAN PD/PI	PHONE	CAMPUS ADDRESS & MAIL CODE
E-MAIL	FAX	

PROPOSAL DATA

PROPOSAL TITLE			
PROPOSAL/AWARD CLASSIFICATION:			
<input type="checkbox"/> NEW	<input type="checkbox"/> REVISED BUDGET FOR _____		
<input type="checkbox"/> CONTINUATION/RENEWAL OF _____	<input type="checkbox"/> OTHER REVISION OF _____		
<input type="checkbox"/> SUPPLEMENT TO _____			
IF THIS IS A CONTINUATION OR RENEWAL, DOES THIS PROPOSAL CONTAIN AN ANNUAL OR INTERIM REPORT REQUIRED BY THE EXISTING AGREEMENT? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> REQUEST FOR PROPOSAL/APPLICATION (RFP, RFA) NUMBER _____			
TYPE OF AWARD (CONTRACT TYPE):		COST SHARING	
<input type="checkbox"/> COST REIMBURSEMENT NO FEE (DEFAULT - RESIDENT INSTRUCTION)	<input type="checkbox"/> COST REIMBURSEMENT WITH A FEE (DEFAULT - GTRI)	Yes	No
<input type="checkbox"/> TIME & MATERIALS CONTRACT (MEMO REQUIRED)	<input type="checkbox"/> FIXED PRICE CONTRACT (MEMO REQUIRED – RESIDENT INSTRUCTION)	<input type="checkbox"/> <input type="checkbox"/> IS COST SHARING PROPOSED? (ATTACH APPROVAL FORM)	<input type="checkbox"/> <input type="checkbox"/> IS COST SHARING CONTRACTUALLY REQUIRED BY THE SPONSOR?
TOTAL \$ PROPOSED	ESTIMATED START DATE	DUE DATE & TIME	PERFORMANCE PERIOD MONTHS: _____ OR DAYS: _____
KEY WORDS (AT LEAST ONE REQUIRED) :			

SPONSOR DATA

SPONSORING ORGANIZATION NAME (FUNDING ORGANIZATION OR THE SUBAWARD IS FROM)	SPONSOR'S TECHNICAL CONTACT	
	PHONE	EMAIL
MAILING ADDRESS OF SPONSORING ORGANIZATION	ADMINISTRATIVE CONTACT	
	PHONE	EMAIL
NAME OF SPONSORING GOVERNMENT ORGANIZATION (PRIME), IF APPLICABLE	SOURCE OF FUNDS, IF DIFFERENT FROM SPONSORING ORGANIZATION OR PRIME	
PRIME CONTRACT NUMBER:	CONTRACT NUMBER FOR SOURCE OF FUNDS:	
CHECK PREFERRED MAILING METHOD. <input type="checkbox"/> ELECTRONIC – EMAIL OR FAX IF APPLICABLE: _____ <input type="checkbox"/> EXPRESS COURIER <input type="checkbox"/> FIRST CLASS CERTIFIED <input type="checkbox"/> U.S. EXPRESS MAIL	COURIER (HAND DELIVERY) ADDRESS	
SHIPPING ACCOUNT TO BE CHARGED:		

SPECIAL REVIEW CHECKLIST

The proposal submitted involves the following:			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Human Subject Research	IRB protocol Number: _____ Expiration Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Vertebrate Animals	IACUC protocol Number: _____ Expiration Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Recombinant DNA	IBC protocol Number: _____ Expiration Date: _____
<i>Applicants may request a deferral to submit a funding proposal without an approved protocol as required by GT policy. Requests must be made in writing to your Contracting Officer who will obtain institutional approval for such action.</i>			
NOTE: No awards will be accepted without an approved GT protocol in place.			
<input type="checkbox"/>	<input type="checkbox"/>	Select Agents	See list at www.cdc.gov/od/sap/docs/salist.pdf More info: www.cdc.gov/od/sap/
<input type="checkbox"/>	<input type="checkbox"/>	Biological Agents:	Check all that apply: <input type="checkbox"/> Infectious or Pathogenic agent(s) <input type="checkbox"/> Human tissues or bodily fluid(s) <input type="checkbox"/> Other Bio materials
<input type="checkbox"/>	<input type="checkbox"/>	Physical Agents:	Check all that apply: <input type="checkbox"/> Chemicals <input type="checkbox"/> Sharps <input type="checkbox"/> Laser <input type="checkbox"/> Radiation <input type="checkbox"/> Thermal agent(s)
<input type="checkbox"/>	<input type="checkbox"/>	Materials Transfer Agreement (MTA)	
<input type="checkbox"/>	<input type="checkbox"/>	Professional Education Program (if yes, please route form to DLPE)	
<input type="checkbox"/>	<input type="checkbox"/>	Subaward(s) are proposed	
<input type="checkbox"/>	<input type="checkbox"/>	Teaming Agreement	
<input type="checkbox"/>	<input type="checkbox"/>	Research may result in an export of information or material to another country (ITAR/EAR)	
<input type="checkbox"/>	<input type="checkbox"/>	Involves the use of specific results IP from previous research – explain in comments section.	
<input type="checkbox"/>	<input type="checkbox"/>	Non-Disclosure Agreement (NDA) is required or in process	

ROUTING AND APPROVALS FOR COMPLETED PROPOSAL

REQUIRED

1. Principal Investigator/Project Director and Co-Principal Investigator or Co-Investigator (if applicable)

RESPONSIBILITIES

Preparation of technical data and budget.
Obtain all required approvals.

I certify that the information on this form is accurate and complete as of this date. I agree to accept responsibility for scientific and technical conduct of this project and for provisions of required technical reports if a grant or contract is awarded as a result of this application. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and of Georgia Tech as applicable.

I certify that I have read and understand the Institute's conflict of interest policy. To the best of my knowledge, all required financial disclosures were made; and I will comply with any conditions or restrictions imposed by the Institute to manage, reduce, or eliminate conflicts of interest.

PD/PI Signature Date

Co-Investigator 1 Signature Date

Co-Investigator 2 Signature Date

REQUIRED

2. Lab/School/Center Director*

RESPONSIBILITIES

Approval of Technical and Budgetary Content, Personnel, Equipment, and Space; review of this Proposal Routing Form.

Department/Lead unit
Signature Date

Other department/unit Co-1
Signature Date

Other department/unit Co-2
Signature Date

SITUATIONAL

3. Dean/Director, GTRI Director, Other*

RESPONSIBILITIES

Approval of Personnel Assignments, Technical and Budgetary Content, Equipment and Space; and Special Considerations listed below.

Check all that apply:

- _____ Foreign Sponsor
- _____ Cost Sharing/GO-Funds
- _____ Other Sponsored Activities
- _____ Organizational COI Clause**
- _____ Other (specify in Comments)

Dean/Director Signature Date

SITUATIONAL

4. Associate Vice Provost for Research

RESPONSIBILITIES

Approval of special considerations such as IRB/IACUC/IBBB waivers to submit application prior to Institutional Compliance Approval

Signature Date

REQUIRED

5. Office of Sponsored Programs (OSP)

RESPONSIBILITIES

General review for compliance with sponsor's requirements, GIT/GTRC/GTARC policies and obligations, budget/contractual requirements. Provide transmittal letter and contract terms; arrange for reproduction, mailing, and internal distribution; maintain official file.

EXPORT REVIEW

- | | | |
|----------|----------|--------------------------------------|
| Y | N | |
| _____ | _____ | Foreign Sponsor |
| _____ | _____ | Publication Restriction |
| _____ | _____ | Foreign National Restriction |
| _____ | _____ | Non Disclosure Agreement |
| _____ | _____ | Fundamental Research Exclusion (FRE) |

Signature Date

SITUATIONAL

6. Vice Provost for Research

RESPONSIBILITIES

Required if requesting Cost Sharing from the VPR's office.

Signature Date

* Steps 2 and 3 must be approved by all administrators responsible for personnel, equipment, and space involved.

** For GTRI, organizational Conflict of Interest (COI) clauses require GTRI Business Development Office (BDO) review and approval.

COMMENTS:
