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|---|-------|--|
| <b>GEORGIA INSTITUTE OF TECHNOLOGY</b><br><b>SPONSORED PROGRAMS/RESEARCH PROPOSAL AUTHORIZATION ROUTING FORM</b><br><b>FY2017 (August 2016)</b> |       | <b>FOR OSP USE ONLY:</b>                   |
| DEPT./LAB PROPOSAL TRACKING NUMBER: _____   |       |  |
| <b>INVESTIGATOR DATA</b>  |       |  |
| PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR (DR./MR./MRS./MISS/MS.)   | PHONE | CAMPUS ADDRESS & MAIL CODE                 |
| E-MAIL:   | FAX   |  |
| LABORATORY, CENTER, COLLEGE OR SCHOOL   |       | DEPT. ORG ID (REQUIRED)                    |
| Co-PD/PI (s)  |       | 1 STRATEGIC RESEARCH THEME (IF APPLICABLE) |
| ADMINISTRATIVE COORDINATOR, IF OTHER THAN PD/PI   | PHONE | CAMPUS ADDRESS & MAIL CODE                 |
| E-MAIL:   | FAX   |  |

**PROPOSAL DATA**

|  |   |
|--|---|
| <b>PROPOSAL TITLE</b>  |   |
| <b>PROPOSAL/AWARD CLASSIFICATION:</b><br><input type="checkbox"/> NEW <span style="margin-left: 200px;"><input type="checkbox"/> REVISED BUDGET</span><br><input type="checkbox"/> CONTINUATION/ RENEWAL OF _____ <span style="margin-left: 50px;"><input type="checkbox"/> SUPPLEMENT TO _____</span><br><input type="checkbox"/> REVISION OF _____<br>IF THIS IS A RENEWAL, DOES THIS PROPOSAL CONTAIN AN ANNUAL OR INTERIM REPORT REQUIRED BY THE EXISTING AGREEMENT? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/><br><input type="checkbox"/> REQUEST FOR PROPOSAL/APPLICATION (RFP, RFA) NUMBER _____ |   |
| <b>TYPE OF AWARD (CONTRACT TYPE):</b><br><input type="checkbox"/> COST REIMBURSEMENT NO FEE (DEFAULT - RESIDENT INSTRUCTION)<br><input type="checkbox"/> COST REIMBURSEMENT WITH A FEE (DEFAULT - GTRI)<br><input type="checkbox"/> TIME & MATERIALS CONTRACT (MEMO REQUIRED)<br><input type="checkbox"/> FIXED PRICE CONTRACT (MEMO REQUIRED – RESIDENT INSTRUCTION)  | <b>COST SHARING/MATCHING FUNDS</b><br><b>Yes No</b><br><input type="checkbox"/> <input type="checkbox"/> IS COST SHARING/MATCHING PROPOSED? (ATTACH APPROVAL FORM)<br><input type="checkbox"/> <input type="checkbox"/> IS COST SHARING/MATCHING CONTRACTUALLY REQUIRED BY THE SPONSOR?<br><input type="checkbox"/> <input type="checkbox"/> IS COST SHARING/MATCHING BEING PROVIDED BY AN EXTERNAL ENTITY?<br><b>IF, YES, ATTACH LETTER OF COMMITMENT BY EXTERNAL ENTITY</b> |
| TOTAL \$ PROPOSED FROM SPONSOR    TOTAL COST SHARING AMOUNT  | ESTIMATED START DATE:   |
| PROPOSAL DUE DATE & TIME:  | PERFORMANCE PERIOD<br>MONTHS: _____ OR DAYS: _____  |
| KEY WORDS (AT LEAST ONE REQUIRED)  |   |

**SPONSOR DATA**

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

| Yes  | No                       | SPECIAL REVIEW CHECKLIST: THE PROPOSAL SUBMITTED INVOLVES THE FOLLOWING   |  |
|--|--------------------------|---|--|
| <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 Registration 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><br><b>NOTE: No awards will be accepted without an approved GT protocol in place.</b> |                          |   |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Select Agents   | See list at <a href="http://www.cdc.gov/od/sap/docs/salist.pdf">www.cdc.gov/od/sap/docs/salist.pdf</a> More info: <a href="http://www.cdc.gov/od/sap/">www.cdc.gov/od/sap/</a> |
| <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 <input type="checkbox"/> Other biological 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    |
| <input type="checkbox"/>   | <input type="checkbox"/> | Materials Transfer Agreement (MTA)  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Professional Education Program (if yes, please route to GTPE)   |  |
| <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 involves export of info or materials to another country  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Research involves a foreign sponsor or collaborator, or will be performed in whole or in part outside the U.S.  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Contract anticipated to contain restrictions on publication or the use of Foreign Nationals   |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Involves the use of pre-existing (background) intellectual property   | <input type="checkbox"/> Georgia Tech's <input type="checkbox"/> Third Party's –explain in comments section.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | A member of the research team has a Significant Financial Interest (SFI) related to this project. A member of the research team has a Significant Financial Interest (SFI) or a potential Conflict of Interest (COI) related to this project. | <a href="https://ecoi.research.gatech.edu">https://ecoi.research.gatech.edu</a>  |

**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 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-I 1**  
\_\_\_\_\_  
Signature Date

**Other department/unit Co-I 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. Vice President 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**

- |                          |                          |                                      |
|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Foreign Sponsor                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Publication Restriction              |
| <input type="checkbox"/> | <input type="checkbox"/> | Foreign National Delay Restriction   |
| <input type="checkbox"/> | <input type="checkbox"/> | Non Disclosure Agreement             |
| <input type="checkbox"/> | <input type="checkbox"/> | Fundamental Research Exemption (FRE) |

\_\_\_\_\_  
**Signature** Date

**SITUATIONAL**

6. Executive Vice President For Research

**RESPONSIBILITIES**

Required if requesting Cost Sharing from the EVPR'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:**

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