

<b>GEORGIA INSTITUTE OF TECHNOLOGY</b> <b>SPONSORED PROGRAMS/RESEARCH PROPOSAL AUTHORIZATION ROUTING FORM</b> <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> <input type="checkbox"/> NEW <span style="margin-left: 200px;"><input type="checkbox"/> REVISED BUDGET</span> <input type="checkbox"/> CONTINUATION/ RENEWAL OF _____ <span style="margin-left: 50px;"><input type="checkbox"/> SUPPLEMENT TO _____</span> <input type="checkbox"/> REVISION OF _____ 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"/> <input type="checkbox"/> REQUEST FOR PROPOSAL/APPLICATION (RFP, RFA) NUMBER _____	
<b>TYPE OF AWARD (CONTRACT TYPE):</b> <input type="checkbox"/> COST REIMBURSEMENT NO FEE (DEFAULT - RESIDENT INSTRUCTION) <input type="checkbox"/> COST REIMBURSEMENT WITH A FEE (DEFAULT - GTRI) <input type="checkbox"/> TIME & MATERIALS CONTRACT (MEMO REQUIRED) <input type="checkbox"/> FIXED PRICE CONTRACT (MEMO REQUIRED – RESIDENT INSTRUCTION)	<b>COST SHARING/MATCHING FUNDS</b> <b>Yes No</b> <input type="checkbox"/> <input type="checkbox"/> IS COST SHARING/MATCHING PROPOSED? (ATTACH APPROVAL FORM) <input type="checkbox"/> <input type="checkbox"/> IS COST SHARING/MATCHING CONTRACTUALLY REQUIRED BY THE SPONSOR? <input type="checkbox"/> <input type="checkbox"/> IS COST SHARING/MATCHING BEING PROVIDED BY AN EXTERNAL ENTITY? <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 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: PRIME CONTRACT NUMBER:	SOURCE OF FUNDS, IF DIFFERENT FROM SPONSORING ORGANIZATION OR PRIME: CONTRACT NUMBER FOR SOURCE OF FUNDS:	
CHECK PREFERRED MAILING METHOD. ELECTRONIC _____ (EMAIL OR FAX IF APPLICABLE) EXPRESS COURIER _____ U.S. EXPRESS MAIL _____ 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>		
<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>
		Is there a SIRB (Single IRB) requirement? Is Georgia Tech the designated SIRB?

**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**

**Y**      **N**  
     Foreign Sponsor  
     Publication Restriction  
     Foreign National Delay Restriction  
     Non Disclosure Agreement  
     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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