



Universidad Central Del Caribe  
Office of the Associate Dean For Research and Graduate  
Studies

To be completed  
by OADRGS

**RESEARCH**  
Internal Routing Form for Grants and Contracts

Proposal #

Multiple PI Project Title:

Principal Investigator 1:

Dept/Unit:

% Effort

Phone:

Email:

Principal Investigator 2:

Dept/Unit:

%Effort

Phone:

Email

**Principal Investigator 1 Other Support**

Project Title

% Effort

How will commitment overlaps be resolved (if any)

15% effort must be reserved for institutional duties; commitment of 100% effort to research requires prior approval from the President through the OADRGS.

**Principal Investigator 2 Other Support**

Project Title

% Effort

How will commitment overlaps be resolved (if any)

15% effort must be reserved for institutional duties; commitment of 100% effort to research requires prior approval from the President through the OADRGS.

**UCC Co-Investigators & Key Personnel**

Name

Dept/Unit:

% Effort

**Co-Investigators & Key Personnel from other institutions**

Name

Institution

Sub award  
(yes/no)

**Research Area**

Drug Abuse  HIV  Neuroscience  Cell Biology  Cancer  Other \_\_\_\_\_

**Project Summary**

Blank area for Project Summary.

**Project Performance Site(s) Name and Location**

Blank area for Project Performance Site(s) Name and Location.

**Program Announcement or Solicitation Number:**

**Title:**

Category		UCC is	
<input type="checkbox"/>	Grant Proposal	<input type="checkbox"/>	Sole Awardee
<input type="checkbox"/>	Contract/Subcontract	<input type="checkbox"/>	Lead Institution
<input type="checkbox"/>	Cooperative Agreement	<input type="checkbox"/>	Subawardee
<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>	Other (describe)
<input type="checkbox"/>		<input type="checkbox"/>	

**Executive Order 12372 Review**

Is application subject to review by state executive order 12372 Process?  Yes  No

Have you contacted the Junta de Planificacion?  Yes  No

Project Type		Proposal Information
	Research	Grant proposal due date: ___ post-marked or ___ arrive  Project Start Date:  Project End Date:
	Public Service	
	Fellowship	
	Major Equipment	
	Conference	___ Paper submission  Electronic Submission: ___ Grants.gov ___ Fast Lane ___ Other: _____ please specify
	Clinical Trial	
	Construction	
	Other (Describe):	Webpage:
If yes, please list:	<b>Does this proposal involve:</b>	Need account for electronic submission ___ eRA Commons ___ Fast Lane ___ Other: _____ please specify
	Consultants?	
	Personal Services Agreement?	
	Subcontract(s)?	

Special Approvals / Requirements (Check all that apply)					
Contact the corresponding committee for an orientation about the procedures to obtain the appropriate approvals to perform the research.  For contact information visit <a href="http://www.uccaribe.edu">http://www.uccaribe.edu</a>					
Research involves		Approval	Research involves		Approval
	Human Subjects	IRB		Recombinant DNA	Biosafety
	Animal Subjects	IACUC		Select Agents/Pathogens	Biosafety
	Radioactive Materials	Radiation Safety		Human Cells/Tissues	IRB
	Controlled Substances	OADRGS		Stem Cells	IRB
	Conflict of Interest	OADRGS		Chemical Hazards	Chemical Safety
	Tuition requested	OADRGS		Other (Describe)	
*Please note that copies of approval documents will be required in the event an award is made					

**Research Facilities Involve (Check all that apply)**

Question 1: Did you use the facility to generate preliminary data for this application?

Question 2: Do you plan to use any core facility?

If yes, consult with the coordinator of each facility to inquire about fees-for-service for your project. Please request fee-for-service in your proposals, these funds are necessary to support the core facilities to assure their long-term existence.

For contact information visit [http://www.uccaribe.edu/research/?page\\_id=1003](http://www.uccaribe.edu/research/?page_id=1003)

Research Facilities Involves			Research Facilities Involves		
Q 1	Q 2		Q 1	Q 2	
		Animal Resources Center (ARC)			HIV and Substance of Abuse Laboratory Core (H-SALC)
		Behavioral Testing Facility (BTF)			Immunocytochemistry Laboratory
		Biomedical Proteomic Facility (BPF)			Neuronal Glia Culture Facility
		Biospecimen Repository (BR)			Optical Imaging Facility
		Common Instrumentation and Technical Support Unit			Protein and Nucleic Acid Core Facility
		Data Management and Statistical Research Support Unit (DMSRSU)			Transmission Electron Microscopy Laboratory

Sponsor type:

Federal     State     Private Nonprofit     Private Industry

Sponsor:

Yes     No     Will alterations, renovations or additional space be required? (Describe)

Yes     No     Does this work require purchase of a network-connected device other than a computer or printer? (Describe)

Yes     No     Does the sponsor imposes restrictions on publishing research results? (Describe)

Yes     No     Does this work require special security considerations (confident research, security clearance, control substances, etc.) (Describe)

**PLEASE ATTACH YOUR YEAR 1 DETAIL BUDGET**

BUDGET INFORMATION					
Indirect Cost Information	Period	Direct Costs	Indirect Costs	Total Requested	Cost Sharing Amounts**
Rate used	%				
Current UCC rate is  69% SUBMISSION OF GRANTS WITH LOWER RATES REQUIRES PRIOR APPROVAL BY THE PRESIDENT	Year 1				
	Year 2				
	Year 3				
	Year 4				
	Year 5				
	TOTAL				
**Please list the Cost Sharing/Institutional Funds Unit(s) and account #s (if applicable):					
		1) Unit: _____	Account #: _____		
		2) Unit: _____	Account #: _____		
Yes ___ No ___ Will you need to purchase a single piece of equipment costing more than \$5,000?					
Description					Cost
Yes ___ No ___ Cost Sharing Required by the Sponsor?					
Yes ___ No ___ Are indirect costs formally limited by Sponsor?					
Limited to _____ % Base _____					
Yes ___ No ___ This grant includes Cost Sharing (Requires prior approval from the President through the OADRGS) Describe					
Yes ___ No ___ Matching Funds Required? Cash ___ In-Kind ___ (Requires prior approval from the President through the OADRGS) Describe					
Yes ___ No ___ This grant includes Institutional Commitments (Requires prior approval from the President through the OADRGS) Describe					
Yes ___ No ___ Will Institutional Funds be used to support a portion of this project? (Requires prior approval from the President through the OADRGS) Describe					
Yes ___ No ___ This grant includes Continuing Obligations after the award period. (Requires prior approval from the President through the OADRGS) Describe					

Budget Note: Charges as high as \$3,000 have been accesses due to open access. Remember to budget for publication expenses.

**APPROVALS**

<b>PRINCIPAL INVESTIGATOR:</b>	<b>Signatures</b>	
My signature certifies that:  1) The information submitted within this form and the corresponding application is true, complete and accurate to the best of the PI's knowledge; 2) Any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; 3) PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application. 4) If this proposal is awarded, I have arranged for funding any cost sharing requirements. 5) If an award is made, I am responsible for compliance with award terms and conditions and University policies and procedures, particularly for the technical conduct of the work, submission of technical reports, and for compliance with UCC policies regarding financial management and areas requiring special approval.		
	Principal Investigator 1	Date
	Principal Investigator 2	Date
	Department Chair or Director 1	Date
	Department Chair or Director 2	Date
	Vicmag Cabrera, Sponsored Program Officer	Date
Delia M. Camacho, Ph.D., Associate Dean	Date	
Waleska Crespo, DrPH, MHSA President	Date	

**Comments**

Department Chair or Director
Collaborating Department Chair or Director
Sponsored Program Officer
Associate Dean
President

## INTERNAL ROUTING FORM INSTRUCTIONS

Grant writers are encouraged to consult with the President through the OADRGS prior to beginning the grant writing process for any grants that require cost sharing, institutional commitments, continuing obligations or matching funds. Final approval to submit the proposal is determined by the President.

<p>Sole Awardee: UCC is the institution receiving the funds.</p> <p>Lead Institution: Grant in collaboration with other institutions. UCC will issue subcontracts.</p> <p>Subawardee: UCC is a subcontractor in a grant managed by another institution.</p>
<p>Indirect Cost Rate Information: If reduction or waiver of indirect costs is required because the sponsor has a universally applied policy to pay less than the UCC indirect cost rate or to pay no indirect costs, check "yes" and include a copy of the sponsor's guidelines.</p>
<p>Cost Sharing: (Requires prior approval from the President through the OADRGS) Provide details of the source(s) of cost sharing. Cost sharing includes either matching funds (dollars) or in-kind contributions. Include the source of the cost sharing (e.g. department, etc.), the amount from each source, and the account number from which they originate.</p>
<p>Institutional Commitments: (Requires prior approval from the President through the OADRGS) Provide details of the institutional commitments described in the proposal.</p>
<p>Continuing Obligations: (Requires prior approval from the President through the OADRGS) Project activities to be continued after the award period with institutional funds.</p>
<p>Matching Funds Required: (Requires prior approval from the President through the OADRGS)</p> <ul style="list-style-type: none"><li>• Matching funds, provided by UCC, may be required by a sponsor. If matching is required an account <u>must</u> be identified when the grant proposal is submitted.</li><li>• Provide details of the source of matching funds by year in the "Cost Sharing" section.</li></ul>

**Department Chair or Director:** Signature indicates your review and approval of the submission of the application accompanying this routing form, as well as willingness, if an award is made, to have the work conducted in your Department, space and other Departmental resources specified in the routing form and application.

**Collaborating Department Chair:** Signature indicates your willingness, if an award is made, to have a portion of the project conducted in your Department's space, use of resources and for your faculty member to participate up to the percentage stated in the application.

### **Grant Applications will not be submitted without this form.**

Please allow three business days for approval of the form. To assure proper processing, proposals must be at the Sponsored Program Office two days before the deadline. (Five days total)

Please return your completed Internal Routing Form  
to: Office of Sponsored Programs