	Universidad Central Del Caribe Office of the Associate Dean For Research and Graduate Studies RESEARCH Internal Routing Form for Grants and Contracts	To be completed by OADRGS Proposal #

Project Title:		
Principal Investigator:	Dept/Unit:	% Effort
Phone:	Email:	

Other Support

Project Title	Role	% 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

Project Performance Site(s) Name and Location

Program Announcement or Solicitation Number:	
Title:	
Category	**UCC is**
☐ Grant Proposal	☐ Sole Awardee
☐ Contract/Subcontract	☐ Lead Institution
☐ Cooperative Agreement	☐ Subawardee
☐ Other (describe)	☐ Other (describe)

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:
☐	Public Service	☐ post-marked or ☐ arrive
☐	Fellowship	Project Start Date:
☐	Major Equipment	Project End Date:
☐	Conference	☐ Paper submission
☐	Clinical Trial	☐ Electronic Submission: ☐ Grants.gov ☐ Fast Lane
☐	Construction	☐ Other: _____ please specify
☐	Other (Describe):	Webpage:
If yes, please list:	**Does this proposal involve:**	Need account for electronic submission
	Consultants?	☐ eRA Commons ☐ Fast Lane ☐ Other: _____ please specify
	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 http://www.uccaribe.edu					
	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 date 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 you 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					
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 %	Year 1				
	Year 2				
Current UCC rate is	Year 3				
	Year 4				
70% SUBMISSION OF GRANTS WITH LOWER RATES REQUIRES PRIOR APPROVAL BY THE PRESIDENT	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		
PRINCIPAL INVESTIGATOR:	**Signatures**	
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	Date
	Department Chair or Director	Date
	Sponsored Program Officer	Date
	Associate Dean	Date
	President	Date

Comments

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

Program Director/Principal Investigator,
Individual Fellowship and Sponsor Assurance

In accordance with NIH GPS Policy 2.3.7.6, I hereby declare that:

1) The information submitted within the application is true, complete and accurate to the best of my knowledge.

2) That any false, fictitious, or fraudulent statements or claims may subject me, as PI, to criminal, civil, or administrative penalties.

3) That as PI/PD, I agree to accept responsibility for the scientific conduct of the project, and will provide the required progress reports if a grant is awarded.

Title of the Project: _____

PD/PI Name: _____

Signature: _____

Date: _____

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.

Sole Awardee: UCC is the institution receiving the funds. Lead Institution: Grant in collaboration with other institutions. UCC will issue subcontracts. Subawardee: UCC is a subcontractor in a grant managed by another institution.
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.
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.
Institutional Commitments: (Requires prior approval from the President through the OADRGS) Provide details of the institutional commitments described in the proposal.
Continuing Obligations: (Requires prior approval from the President through the OADRGS) Project activities to be continued after the award period with institutional funds.
Matching Funds Required: (Requires prior approval from the President through the OADRGS) • Matching funds, provided by UCC, may be required by a sponsor. If matching is required an account must be identified when the grant proposal is submitted. • Provide details of the source of matching funds by year in the "Cost Sharing" section.

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