Office of the Associate Dean for Research and Graduate Studies (OADRGS)

INTERNAL ROUTING FORM (IRF)

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PROPOSAL INFORMATION

Project Title:"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"

Sponsoring Agency:"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"**Deadline Date**<"aaaaaaaaaaaaaaaaaaaaaaaaaa"

Funding Opportunity Number:"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"

Funding Type:"aaaaaaaaaaaaaaaaaaa""""**Project Type:** aaaaaaaaaaaaaaaaaaa"""""**Category:**"aaaaaaaaaaaaaaaaaaa""

UCC is<"aaaaaaaaaaaaaaaaaaaaaaaaaaaa   **Project Area**<"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa""

Project Performance Site(s):"*P co g"cpf "Nqecvkqp+"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"

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INVESTIGATOR INFORMATION"

This project is a Multiple PI? aaaaa'[gu""aaaaa'P q

Principal Investigator/Director:"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa'F grctvo gpv<"aaaaaaaaaaaaaaaaaaaaa"

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Remember: 15% Effort must be reserved for institutional duties; commitment of more 85% of effort to research requires prior approval from the President through OADRGS.

PI/PD Other Support:
- Rtqlgev'Vkng<"aaaaaaaaaaaaaaaaaaaaaaaa_____ """"Grant Number<"" aaaaaaaaaaaaaaaaaaaaaaaaaa"""""
  Tqng<"aaaaaaaaaaaaaaaaaaaaaa""""" ' Ghhqtv<"aaaaaaaaaaaaaa   Project End Date: _____
- Rtqlgev'Vkng:"aaaaaaaaaaaaaaaaaaaaaa_____a_____aaaa"""""Grant Number<"" aaaaaaaaaaaaaaaaaaaaaaaaaa"""""""
  Tqng<"aaaaaaaaaaaaaaaaaaaaaa""""" ' Ghhqtv<"aaaaaaaaaaaaaa   Project End Date: _____
- Rtqlgev'Vkng<"aaaaaaaaa_____ aaaaaaaaaa_____aaaaa"""""Grant Number<" __aaaaaaaaaaaaaaaaaaaaaa"""""
  Tqng<"aaaaaaaaaaaaaaaaaaaaaa""""" ' Ghhqtv<"aaaaaaaaaaaaaa""   Project End Date: _____"""

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How will commitment overlaps be resolved (if any): _____

Co-PI/PD Name: _____ Institution: _____ %Effort: _____

Key Personnel:
Name: _____ Institution: _____ Require Subaward: _____

Name: _____ Institution: _____ Require Subaward: _____

Name: _____ Institution: _____ Require Subaward: _____

Project Summary: (Maximum 500 words)

External Relationships: Please identify and describe any external relationships or agreements necessary:

- ___Yes ___No Sub-contracts, sub-awards, commitment, or agreements (Specify): _____
  _____

- ___Yes ___No Letters of Support/Commitment/Collaboration (Specify): _____
  _____

- ___Yes ___No Memorandum of Agreement/Understanding (Specify): _____
  _____

- ___Yes ___No Foreign Component (Travel, Collaboration, Consultant, Publication) (Specify): _____

Executive Order 12372 Review:

Is the application subject to review by state executive order 12372 process? _____Yes _____No

Peer-Review:

This proposal has been peer-rewiewed? (Internal or External) _____Yes _____No

PROJECT REQUIREMENTS

The details must be explained if one or more items from the requirements sections are selected.

Infrastructure Requirement:

___**No** ___**Yes** Will alterations, renovations, or additional space be required? _____

___**No** ___**Yes** Does this project require the purchase of a network-connected device other than a computer or printer?

___**No** ___**Yes** Does the sponsor imposes restrictions on publishing research results? _____
_

___**No** ___**Yes** Does this project require special security considerations (confident research, security clearance, control substances, etc.) _____

Economic Commitment:

___**No** ___**Yes** Will you need to purchase a single piece of equipment costing more than $5,000? _____
_

___**No** ___**Yes** Cost Sharing or Matching Funds Required? _____

___**No** ___**Yes** Are indirect costs formally limited by Sponsor? Limit to: _____%   Base: _____

___**No** ___**Yes** Includes Institutional Commitments? _____
_____

___**No** ___**Yes** Will Institutional Funds be used to support a portion of this project? _____

___**No** ___**Yes** Included continuing obligations after the award period? _____

REGULATORY REQUIREMENTS

Does the project involve any of the following?

Radioactive: _____ Yes _____ No

Human Subjects	**Animal Subjects**
IRB Approval Date: _____ (mm/dd/yy)	IACUC Approval Date: _____ (mm/dd/yy)
IRB Number: _____	IACUC Number: _____
_____ Approval Pending _____ IRB Reciprocity	_____ Approval Pending

OADRGS – Rev. 8/29/2023 – VC/IS/IA
Approved by: Diana M. Fernández-Santos, Ed.D., M.S.

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Biosafety	Chemical Hazards
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*Please note that copies of approval documents will be required if an award is made.

Research Facilities: Jcxg"{qw'wkknk|gf"cp{"qh"vjgug"tgugctej "hcekknkgu"vq"igpgtcvg"rtgnko kpct{"fcvc"hqt"vjku"crrnkecvkqp."qt"fq"{qw'rncp"vq"wug"cp{"eqtg"hcekknk{A"""

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BUDGET INFORMATION

Please attach: Fiscal Year 1 Detailed Budget and Justification

If the detailed budget and justification are not included, the IRF will not be processed.

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	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
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Vqvcn'						
Indirect Cost Rate						

* Rngcug"make sure that tax charges are included in the budget.
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Note:
Request the certification of your base salary from the Human Resources Office before submission.

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Office of the Associate Dean for Research and Graduate Studies

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Comments:

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Program Director/Principal Investigator, Individual Fellowship and Sponsor Assurance

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Title of the Project:" aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"

PD/PI Name: " aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"

Signature:"" " aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"

Date: " aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"