NMHU Proposal Routing Form

1. Principal Investigator	2. E-mail	3. Phone
4. CO-PI (if more than one, list on back)	5. E-mail	6. Phone
7. Department (Lead department if multiple departments)	8. E-mail	9. Phone
10. Sponsor Name and Address	11. Agency Contact	12. Agency Phone
13. Proposal Title	14. Program Title (if different from proposal title)	

15. Check one:	*16. Check as appropriate*	17. Check one:
☐ Research ☐ Instruction & Training ☐ Other Sponsored Activity	☐ On campus ☐ Off campus	☐ New ☐ Continuation ☐ Revision ☐ Supplement ☐ Transfer

18. Location of Project : (List city, address, building and room(s) number)

Conditions Requiring Special Consideration – Check Appropriate Boxes
(If this proposal involves any of the items below, see NMHU's Research Handbook for additional instructions)

Yes	No		Yes	No	
☐	☐	19. Cost Sharing or Matching? *If yes, check one:* ☐ Required ☐ Voluntary	☐	☐	30. Proprietary, inventions, classified, restricted, sensitive information?
☐	☐	20. Fixed Fee Contract?	☐	☐	31. Controlled Substance?
☐	☐	21. Extra Compensation?	☐	☐	32. Multiple Departments?
☐	☐	22. Release Time?	☐	☐	33. Human Subjects?
☐	☐	23. Summer Research?	☐	☐	34. Laboratory Animals?
☐	☐	24. Conflict of Interest?	☐	☐	35. F&A (Indirect Cost) Waiver required?
☐	☐	25 PI Waiver Required?	☐	☐	36. Commitment by School/Departments?
☐	☐	26. Consultants?	☐	☐	37. Funding Agency Foreign Owned?
☐	☐	27. Subawards?	☐	☐	38. Recombinant DNA/ Biohazards/Hazardous Materials/Waste/ Radioactive Materials?
☐	☐	28. Additional office/lab required?			
☐	☐	29. Renovation needed?			

39. PI and Co-PI Certification

We, the undersigned, do hereby certify that the information provided about this project is accurate and all appropriate disclosures have been made. Furthermore, we certify that this project is in compliance with NMHU's policy, the terms and conditions of the sponsored project, all applicable laws and regulations.

Signature:_____ Date: _____

Signature: Date:

APPROVALS *(Signatures below indicate the review and approval of this proposal.)*

Department Dean:	Dean:	VP of Research and Sponsored Projects:
Date:	Date:	Date:

Provider: NMHU's Office of Research and Sponsored Projects
Originated: September, 1999
Revised: September, 2007 (Sec02-03)

Proposed Budget

(Include one copy of the abstract with this form)

Total Amount Requesting: $	**Amount for First 12 Months: $**
Proposed Start Date:	**Proposed End Date:**

	First Year Amount from Funding Agency	**Matching (if required)**	**Total Amount**
Faculty			
Professional Staff			
Post Doctoral			
Visiting Researchers/Scholars			
RA, SR, VRA			
Secretarial/Clerical			
Technician			
Fringe Benefits			
Office Supplies – General			
Lab Supplies - General			
Computer Supplies			
Telephone			
Postage			
Non-Capital Equipment <$1,000			
Non-Capital Equipment $1000 - $4999			
Travel: In-State			
Travel: Out-of-State			
Travel: Foreign			
Equipment-Capital			
Computer Hardware			
Consultants			
Subawards (Include a separate budget sheet)			
Equipment Maintenance			
Total Direct Costs			
F&A Costs @ %			
Grand Total			

Comments:

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