

NMHU Proposal Routing Form
Office of Research and Sponsored Projects
To be completed by Principal Investigators and/or Project Directors

Principal Investigator or Director:
Email:
Phone:

Co-Principal Director or Co-Director (if applicable):
Email:
Phone:

Department (Lead department if multiple departments):
Dean:
Email:
Phone:

Agency or Sponsor Name:
Agency Contact:
Agency Phone:
Agency Email:

Proposal Title:
Program Title (If different from proposal title):

Check as many as appropriate: <input type="checkbox"/> Research <input type="checkbox"/> Instruction & Training <input type="checkbox"/> Other Sponsored Activity	Check as many as appropriate: <input type="checkbox"/> On campus <input type="checkbox"/> Off campus	Check one: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> Supplement <input type="checkbox"/> Transfer
---	---	---

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

Conditions Requiring Special Consideration – Check Appropriate Boxes

*According to the Uniform Requirements for Federal Grants and university policy, prior written approval is required for the proposal elements listed below.
See NMHU's Research Handbook for more a complete list of prior written approvals.
You may also contact the Office of Research and Sponsored Projects for more information.*

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Academic Faculty Release Time and Salaries? <i>See Research Handbook Section 3.3.8. & 3.3.9</i>	<input type="checkbox"/>	<input type="checkbox"/>	Memberships, Subscriptions, professional activity costs? <i>See Research Handbook Section 3.2.1</i>
<input type="checkbox"/>	<input type="checkbox"/>	Additional office/lab space required? * <i>See Research Handbook Section 3.2.1 #5 and ORSP website on Space Policies</i>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Departments <i>See Research Handbook Section 3.3.3.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Potential Conflict of Interest? <i>See Research Handbook Section 9</i>	<input type="checkbox"/>	<input type="checkbox"/>	Organization costs? <i>See Research Handbook Section 3.2.1</i>
<input type="checkbox"/>	<input type="checkbox"/>	Commitment by School/Departments? <i>See Research Handbook Section 3.2.1., 3.5.3., 4.2.1 #5</i>	<input type="checkbox"/>	<input type="checkbox"/>	Participant Support Costs? <i>See Research Handbook Section 3.3. and 3.3.1.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Consultants and Non-Faculty Appointments? <i>See Research Handbook Section 10</i>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Award Costs? <i>See Research Handbook Section 1.7.2., 3.2.1</i>
<input type="checkbox"/>	<input type="checkbox"/>	Cost Sharing or Institutional Matching? * If yes, check one: <input type="checkbox"/> Required <input type="checkbox"/> Voluntary <i>See Research Handbook Section 4.2.1.#5</i>	<input type="checkbox"/>	<input type="checkbox"/>	PI/PD Approval Required? <i>See Research Handbook Sections 2.3.1 and 3.2.2.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Entertainment Costs? <i>See Research Handbook Section 3.2.1</i>	<input type="checkbox"/>	<input type="checkbox"/>	Proprietary, inventions, classified, restricted, sensitive information? <i>See Research Handbook Section 5</i>
<input type="checkbox"/>	<input type="checkbox"/>	Equipment or other capital expenditures? <i>See Research Handbook Section 3.2.1, 3.3.1. 3.3.2, 3.3.4.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Property Purchase? <i>See Research Handbook Section 3.2.1.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Fixed Fee Contract? <i>See Research Handbook Section 3.5.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Recombinant DNA/ Biohazards/Hazardous Materials/Waste/ Radioactive Materials? <i>See Research Handbook Section 6</i>
<input type="checkbox"/>	<input type="checkbox"/>	Fringe Benefits? <i>See Research Handbook Section 3.3.4. and ORSP website</i>	<input type="checkbox"/>	<input type="checkbox"/>	Renovation needed? * <i>See Research Handbook Section 3.2.1.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Funding Agency Foreign Owned? <i>See Research Handbook Section 3.2.1</i>	<input type="checkbox"/>	<input type="checkbox"/>	Subawards, Contracts, or Partnerships <i>See Research Handbook Section 3.4.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising or Investment Management? <i>See Research Handbook Section 3.2.1</i>	<input type="checkbox"/>	<input type="checkbox"/>	Summer Research? <i>See Research Handbook Section 3.3.9.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Human Subjects? <i>See Research Handbook Section 7</i>	<input type="checkbox"/>	<input type="checkbox"/>	Taxes (including Value Added Tax)? <i>See Research Handbook Section 3.2.1., 3.3.7., 4.2.1.#8, 10.1.2.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Cost (F&A) Waiver Required (because less than NMHU current rate) <i>See Research Handbook Section 3.3.?</i>	<input type="checkbox"/>	<input type="checkbox"/>	Travel Costs? <i>See Research Handbook Section 3.2.1 and 3.3.11.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Animals? <i>See Research Handbook Section 8</i>	<input type="checkbox"/>	<input type="checkbox"/>	Tuition and Scholarships? <i>See Research Handbook Section 3.3.7</i>

*VPFA signature required

Provider: NMHU's Office of Research and Sponsored Projects

Originated: September, 1999

Revised: September, 2007 (Sec02-03); Updated: August 12, 2014; August 11, 2017; August 16, 2017

Please attach a copy of your proposal abstract or summary here.

Signatory Page for NMHU Proposal Routing Form

Principal Investigator/Principal Director Certification

I 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 (CoPI/CoPD): _____ Date: _____

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

Department Chair *(Signature to be obtained by PI/PD prior to submitting this form to ORSP):*

Date:

Dean *(Signature to be obtained by PI/PD prior to be submitting this form to ORSP):*

Date:

Director of ORSP *(Signature to be obtained by PI/PD at the onset of proposal writing effort)*

Date:

Provost/VPAA *(Signature to be obtained by ORSP after received from PI/PD and after ORSP quality review)*

Date:

VP of Finance *(Signature to be obtained by PI/PD once budget is finalized and only when the proposal includes institutional match, additional space, or renovation)*

Date:

Proposed Estimated Budget

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

	Estimate of 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: