



PROPOSAL ROUTING SHEET

VICE PRESIDENT FOR RESEARCH

For Sponsored Projects Services Use Only

PROPOSAL # _____

SPS LOG # _____

REFERENCE # _____

TODAY'S DATE _____

DEADLINE DATE _____

Dept/College Proposal Number

FRS ACCOUNT

PRINCIPAL INVESTIGATOR (Last name, first name)		UA PHONE #	E-MAIL ADDRESS
ADMINISTERING DEPT NAME		ADMINISTERING DEPT #	ADMINISTERING FAX #
DEPARTMENTAL CONTACT		UA PHONE #	E-MAIL ADDRESS
TITLE OF PROPOSAL			
SPONSOR (Funding Agency)			
PROG. ANN. # / WEB LINK		Will this proposal be submitted electronically ? <input type="checkbox"/> Yes <input type="checkbox"/> No Electronic System:	

TOTAL AMOUNT REQUESTED: \$ _____ PROPOSED START DATE: _____ PROPOSED END DATE: _____
(Direct plus F & A costs.) (mm/dd/yy) (mm/dd/yy)

PROPOSAL TYPE (Select one): New Competing Renewal (NIH) Revision
 Continuation/Supplement to Account _____

PROJECT TYPE (Select one): Research Instruction Other Sponsored Activity
 Clinical Trial Research Training

F&A RATE % _____ F&A BASE MTDC TDC OTHER _____
(Please describe)

When a waiver of F&A costs is required, secure VPR signature prior to routing the original PRS to Sponsored Projects.

FOR VPR/SPS USE: On Pre-Approved Waiver List Waiver Approval _____
(VPR/SPS Approval)

PROJECT LOCATION (Select one): On Campus Off Campus (Facilities not owned/under central lease by UA, including UMC and UPI Clinics)

Where will the project be conducted? Bldg _____ Room _____ Other _____

Will additional **space requirements** or space renovation be required? Yes No
If yes, please route the Space Request Form through your College.

Will this project generate **program income**? Yes No

Will there be **fabrication of equipment** on this project? Yes No

Does the Proposal include **COST-SHARING OR MATCHING** Funds? Yes No
 SOURCE:

PROPOSAL REMARKS/COMMENTS (non cost-sharing):

FRS Number for USDA/USFS unallowed Grad Tuition Remission:

DOES THE PROPOSED WORK INCLUDE ANY OF THE FOLLOWING?

- | | |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Animal Subjects [†] | Yes <input type="checkbox"/> No <input type="checkbox"/> Native American Affairs _____
<small>(signature required)</small> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Cancer Related Research | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Foreign Nation: | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Hazardous Chemicals [†] | Yes <input type="checkbox"/> No <input type="checkbox"/> Cancer Center Facilities _____
<small>(signature required)</small> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> FDA/EPA GLP Compliance [†] | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Human Subjects [†] | Yes <input type="checkbox"/> No <input type="checkbox"/> Recombinant DNA/Microbial Pathogens [†] _____
<small>(signature required)</small> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Radiation [†] | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Bloodborne Pathogens [†] | |

[†] no project activity allowed without approval of protocol and/or registration and training **Rev 08/09**

