

<b>KENNESAW STATE UNIVERSITY OFFICE OF GRANTS AND CONTRACTS Proposal Routing Form</b>	<b>PROPOSAL NUMBER (FOR OGC USE ONLY):</b>
INVESTIGATOR DATA	
PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR (PD/PI)	PD/PI PHONE
PD/PI E-MAIL	PD/PI DEPT AND MAILDROP
CO- PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR (CO-PD/PI)	CO-PD/PI PHONE
CO-PD/PI E-MAIL	CO-PD/PI DEPT AND MAILDROP

**PROPOSAL DATA**

<b>PROPOSAL TITLE</b>		
<b>PROPOSAL/AWARD CLASSIFICATION:</b>		
<input type="checkbox"/> NEW	<input type="checkbox"/> REVISED BUDGET FOR _____	
<input type="checkbox"/> CONTINUATION/RENEWAL OF AWARD # _____	<input type="checkbox"/> OTHER REVISION OF _____	
<input type="checkbox"/> SUPPLEMENT TO AWARD # _____		
IF THIS IS A CONTINUATION OR RENEWAL, DOES THIS PROPOSAL CONTAIN AN ANNUAL OR INTERIM REPORT REQUIRED BY THE EXISTING AGREEMENT? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
PROGRAM OR RFP/RFA/BAA # _____		
<b>TYPE OF PROJECT:</b>	<b>COST SHARING</b>	
<input type="checkbox"/> RESEARCH	<b>Yes No</b>	
<input type="checkbox"/> INSTRUCTION	<input type="checkbox"/> <input type="checkbox"/> IS COST SHARING FROM KSU PROPOSED? IF YES, INDICATE AMOUNT(S). COGNIZANT CHAIR, DEAN, OR CENTER/INSTITUTE DIRECTOR MUST INITIAL: _____	
<input type="checkbox"/> SERVICE	<b>Yes No</b>	
	<input type="checkbox"/> <input type="checkbox"/> IS COST SHARING FROM A PARTNER PROPOSED? IF YES, ATTACH LETTER OF COMMITMENT	
TOTAL \$ REQUESTED FROM SPONSOR	ESTIMATED START DATE	ESTIMATED END DATE
HAVE YOU INCLUDED KSU'S FEDERALLY NEGOTIATED INDIRECT COST (F&A) RATE : <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
IF NO, EXPLAIN AND ATTACH DOCUMENTATION OR WAIVER.		
DOES THE PROPOSAL INCLUDE SUBAWARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SPONSOR DATA**

FUNDING AGENCY (SPONSOR)	SPONSOR'S TECHNICAL CONTACT	
	PHONE	EMAIL
MAILING ADDRESS OF SPONSORING ORGANIZATION	ADMINISTRATIVE CONTACT (IF DIFFERENT FROM ABOVE)	
	PHONE	EMAIL
SPONSOR TYPE (OR PRIME AGENCY IF KSU IS A SUBRECIPIENT):	IF KSU WILL BE A SUBRECIPIENT, INCLUDE PRIME AGENCY AND PRIME AWARD NO:	
<input type="checkbox"/> FEDERAL CFDA #: _____		
<input type="checkbox"/> STATE <input type="checkbox"/> LOCAL GOV'T <input type="checkbox"/> FOUNDATION <input type="checkbox"/> CORPORATE		
<input type="checkbox"/> OTHER: _____		

**SPECIAL REVIEW CHECKLIST**

<b>The proposal submitted involves the following:</b>		
<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Human Subject Research IRB protocol Number: _____ Expiration Date: _____ <i>Put "pending" for IRB protocol number if IRB review is still pending. Applicants may <b>submit</b> a funding proposal prior to having an approved protocol if sponsor has a Just in Time policy; however, no awards will be <b>accepted</b> without an approved KSU protocol in place.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Support required from Information Technology Services (if yes, must obtain director's signature on next page)
<input type="checkbox"/>	<input type="checkbox"/>	Alterations to the physical plant (if yes, must obtain director's signature on next page)
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Waste (if yes, must obtain Director of Environmental Safety's signature on next page)
<input type="checkbox"/>	<input type="checkbox"/>	Subaward(s) are proposed
<input type="checkbox"/>	<input type="checkbox"/>	Materials Transfer Agreement (MTA)
<input type="checkbox"/>	<input type="checkbox"/>	Project may result in an export of information or material to another country (ITAR/EAR)
<input type="checkbox"/>	<input type="checkbox"/>	Involves the use of specific results or IP from previous research – explain in comments section
<input type="checkbox"/>	<input type="checkbox"/>	Non-Disclosure Agreement (NDA) is required or in process

**ROUTING AND APPROVALS FOR COMPLETED PROPOSAL**

**REQUIRED**

1. PD/PI and Co-PD/PIs  
(if any)

**RESPONSIBILITIES**

Preparation of technical data and budget.  
Obtain all required approvals.

*By signing and submitting this proposal, I certify that: (1) the information submitted within the application is true, complete, and accurate to the best of my knowledge; (2) any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; (3) I agree 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; and (4) I agree to accept the obligation to comply with award terms and conditions and University's policies and procedures if an award is made as a result of this application.*

*I certify that I have read and understand KSU's conflict of interest and scholarly misconduct policies. To the best of my knowledge, all required financial disclosures were made, and I will comply with any conditions or restrictions imposed by the Institute to manage, reduce, or eliminate conflicts of interest. My abstract has been emailed to OGC.*

\_\_\_\_\_  
PD/PI Signature Date

\_\_\_\_\_  
Co-Investigator 1 Signature Date

\_\_\_\_\_  
Co-Investigator 2 Signature Date

**REQUIRED**

2. Chair

**RESPONSIBILITIES**

Approval of Technical and Budgetary Content, Personnel, Equipment, and Space; review of this Proposal Approval Form.

\_\_\_\_\_  
**Department/Lead unit**  
Signature Date

\_\_\_\_\_  
**Other department/unit Co-1**  
Signature Date

\_\_\_\_\_  
**Other department/unit Co-2**  
Signature Date

**REQUIRED**

3. Dean

**RESPONSIBILITIES**

Approval of Technical and Budgetary Content, Personnel, Equipment, and Space; review of this Proposal Approval Form.

\_\_\_\_\_  
**College/Lead unit**  
Signature Date

\_\_\_\_\_  
**Other college/unit Co-1**  
Signature Date

\_\_\_\_\_  
**Other college/unit Co-2**  
Signature Date

**SITUATIONAL**

4. Director, ITS

**RESPONSIBILITIES**

Approval of Information Technology Services support.

\_\_\_\_\_  
Signature Date

**SITUATIONAL**

5. Director, Plant Operations

**RESPONSIBILITIES**

Approval of Plant Operations support.

\_\_\_\_\_  
Signature Date

**SITUATIONAL**

6. Director of Environmental Safety

**RESPONSIBILITIES**

Acknowledgement of inclusion of hazardous waste.

\_\_\_\_\_  
Signature Date

**REQUIRED**

7. Office of Grants and Contracts

**RESPONSIBILITIES**

General review for compliance with sponsor's requirements, KSU/USG policies and obligations, budget/contractual requirements. Provide transmittal letter and contract terms; arrange for duplication, mailing, and internal distribution; maintain official file.

\_\_\_\_\_  
Signature Date

TYPE OF AWARD EXPECTED:  COST REIMBURSEMENT  FIXED PRICE  
IF SUBAWARDS ARE INCLUDED, WILL THEY BE:  COST REIMBURSEMENT  FIXED PRICE (PROPOSAL MUST INCLUDE FIRM DELIVERABLES FOR SUBRECIPIENT)

**OTHER COMMENTS:**

\_\_\_\_\_

## PROPOSAL ABSTRACT

Email the following information including an abstract of no more than 250 words to [sponprog@kennesaw.edu](mailto:sponprog@kennesaw.edu) prior to proposal submission. Please use this form as a template and provide all the requested information.

Title: \_\_\_\_\_

Name of Project

Director/Investigator: \_\_\_\_\_

Funding Agency: \_\_\_\_\_

Date of Proposal Submission: \_\_\_\_\_

Abstract: