

Texas A&M University-Texarkana - Internal Routing Form Approval for External Sponsored Projects

Investigator (s)	Dept	Phone ext.	Email
<input type="checkbox"/> PI <input type="checkbox"/> Co PI			
<input type="checkbox"/> PI <input type="checkbox"/> Co PI			
<input type="checkbox"/> PI <input type="checkbox"/> Co PI			
<input type="checkbox"/> PI <input type="checkbox"/> Co PI			

Proposal Title: _____

Funding Sponsor: _____ **Agency RFP#:** _____ **CFDA#:** _____ **Submission Deadline:** _____

Project Start Date: _____ **Project End Date:** _____ **Project Duration (years):** _____

Type of Sponsor:	Type of Proposal:	Type of Proposal:	Classification:
<input type="checkbox"/> Governmental	<input type="checkbox"/> Research	<input type="checkbox"/> Grant	<input type="checkbox"/> New
<input type="checkbox"/> Foundation	<input type="checkbox"/> Training/Instruction	<input type="checkbox"/> Agreement	<input type="checkbox"/> Renewal
<input type="checkbox"/> Corporation	<input type="checkbox"/> Community/Public Service	<input type="checkbox"/> Contract	<input type="checkbox"/> Supplement
<input type="checkbox"/> Individual	<input type="checkbox"/> Student Support	<input type="checkbox"/> Subcontract	<input type="checkbox"/> Continuation
<input type="checkbox"/> Other	<input type="checkbox"/> Academic Support	<input type="checkbox"/> Gift/Donation	
	<input type="checkbox"/> Other		

Project Requirements:	
Conflict of Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Classified or Proprietary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Potential	<input type="checkbox"/> Yes <input type="checkbox"/> No
International Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Human Subjects	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRB Approval? Vertebrate	<input type="checkbox"/> Yes <input type="checkbox"/> No

Budget Information	
Total Sponsor Funding Requested:	
Total Indirect Cost:	
Indirect Cost Rate:	%
Total Indirect Cost Base	
Total Indirect Cost Waived	

This section must be completed if faculty release time is requested. Complete adjunct salary section if adjunct(s) required to cover release time.

Project Year	Number of Course Releases Requested		Total Adjunct Salary (if applicable)
	Fall	Spring	
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			

University Commitment – Cost Sharing or Matching Funds (If cost sharing/matching funds – signed documentation must be attached.)	
Funding Source	Amount

As PI or CO-PI, I certify that:

I am not delinquent on any federal debt, such as taxes, student loans, etc:

I am not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by a federal department or agency;

I am responsible for technical conduct of the work and for submission of technical reports;

I am responsible for compliance with award terms and conditions;

I am not aware of potential sponsor publishing restrictions or sponsor requirements for patent rights; which are in violation of the TAMU System polices;

I agree to comply with the TAMUS Policy (15.01.03) Conflict of Interest and I have submitted the A&M-Texarkana Significant Financial Interest Certification Statement;

I agree to comply with the A&M-Texarkana Procedure (15.99.03 R1) & TAMUS Policy (15.99.03) Ethics in Research & Scholarship;

I agree to comply with the TAMUS Policy (17.02.01) on Management of Intellectual Property

Principal Investigator (PI) Signature

Co-PI Signature

Co-PI Signature

Co-PI Signature

Co-PI Signature

Co-PI Supervisor

Signature of Department Head/Director/College Dean certifies that you are aware of all requirements of this project and you agree to the commitment of faculty/staff effort, including release time and adjunct support if listed on page 1.

Signature of College Dean of PI

Signature of Provost

Signature of Grant Accountant

Signature of VP Business Administration

Signature of Graduate Dean

Signature of President