



**The Research  
Foundation for**

The State University of New York

## ROUTING SHEET

**IMPORTANT: The grant proposal or contract documents and a completed and signed routing sheet must be submitted to the Pre-Award office *at least 5 (FIVE) business days* prior to the date when the proposal or contract must be returned to the sponsor.**

**Principal Investigator:** \_\_\_\_\_

Department/Room No. \_\_\_\_\_ Ext. \_\_\_\_\_

**Co-Principal Investigator:** \_\_\_\_\_

Department/Room No. \_\_\_\_\_ Ext. \_\_\_\_\_

**Title of the Project:** \_\_\_\_\_

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### SPONSOR INFORMATION:

**Sponsor due date:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(if application will be mailed)

**Sponsor Type:**  Federal  State of New York  Other (*specify*) \_\_\_\_\_

**Type of Application:**  Grant  Contract  Subcontract  Other (*specify*) \_\_\_\_\_

**Proposal in response to RFP?**  No  Yes (*please email to: sternme@buffalostate.edu*)

**Type of Funding:**  New  Supplement  Continuation  Revision

**Describe the Purpose of the Project:** Research  Training  Public Service  Other

If Research, Which Type: Basic  Clinical  Translational  Other

**Primary Discipline Code for Project:** ([Discipline Code List](#)) \_\_\_\_\_

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**BUDGET INFORMATION:****DIRECT****INDIRECT****TOTAL**

First budget year: \_\_\_\_\_ to: \_\_\_\_\_

Total budget period: \_\_\_\_\_ to \_\_\_\_\_

Indirect cost rate \_\_\_\_\_ Is this submission on campus, off campus, or both? \_\_\_\_\_

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**COST SHARING INFORMATION: THIS INFORMATION MUST BE INCLUDED ON SIGNATURE PAGE.**Is cost sharing involved with this project?  Yes  No

If YES, provide the following information and approvals:

Cost Sharing is:  Required by sponsor  Offered voluntarily In-Kind Total Value: \_\_\_\_\_

Individual Faculty (name, % of time, and total cost)

\_\_\_\_\_  
\_\_\_\_\_

F&amp;A Waiver (attach approved request form)

 Third Party Amount: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

Are there costs associated with this project that will continue after the project ends?  Yes  No*If yes, please describe*

\_\_\_\_\_

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**BUDGET REVIEWED BY RESEARCH FOUNDATION PERSONNEL:** \_\_\_\_\_  
Signature of RF/SPO

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**MANDATORY IDENTIFICATION OF RESEARCH SPACE:** If this is a research project, please identify below the **building(s) and room number(s)** of existing space that will be used to conduct this research, **how the space will be used** (e.g., office, lab, storage), and **percent of usage time**.

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**ADDITIONAL SPACE OR RENOVATION(S) NEEDED:** Will this project require renovation(s) of existing space, additional space and/or facilities?  Yes  No

If yes, please obtain approval from the Facilities Planner PRIOR to proposal submission.

Explain need to renovation / additional space or facilities:

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Signature – Facilities Planner

Comments from Facilities Planner:

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**GREAT LAKES CENTER – USE OF FIELD STATION OR PERSONNEL**

Will you require the use of lab facilities at the GLC Field Station?  Yes  No

Will you need GLC personnel (boat time/use, diving personnel, etc.)?  Yes  No

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Signature – GLC Representative

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**COMPUTING AND TECHNOLOGY SERVICES**

If your project will require College Computing and/or Technology Services, please check the relevant boxes below:

Server Space       Software Support       Other

You will need to address these needs PRIOR to award acceptance. Contact Pre-Award for details.

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**IS THE PROPOSAL RELATED TO:**

Cancer Research  HIV Research  Investigational Drug  None of these

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**WILL THE PROJECT INVOLVE ANY OF THE FOLLOWING:**

Yes  No Use of animals. (If yes, date of committee approval \_\_\_\_\_)

Yes  No Use of human subjects through interviews, questionnaires, or surveys, psychological testing, collecting personal data, laboratory procedures, etc.  
(If yes, date of Institutional Review Board approval \_\_\_\_\_)

Yes  No Will controlled substances be used in connection with this research?

Yes  No Will this project generate radioactive waste or other hazardous waste materials?  
(If yes, contact Environmental Health and Safety for institution regulations.)

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**EHS Approval / Name and Date**

Yes  No Does this proposal present a potential conflict of interest? (If yes, please explain.)

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**Note: Conflict of Interest statements MUST be completed each academic year by anyone submitting a proposal. Contact Pre Award with any questions.**

Yes  No Do you anticipate program income (e.g., conference fees, registration fees)?

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**EXPORT CONTROLS**

Will this project include international travel?  Yes  No

If yes, please specify Country(ies) \_\_\_\_\_

If yes, please complete the Export Controls Survey for Funding Applications ([PreAward Export Form](#))

Will you be taking **Scientific Equipment / Computers or Laptops / Software**?  Yes  No

Do you or your study team, as part of this project, anticipate transferring or providing access abroad by any means, to any software, laboratory equipment, biologics, materials, or any other commodity such as laptop, cell phone, cameras, to any individual (e.g. subcontractor, consultant, colleague or sponsor)? \_\_\_ Yes \_\_\_ No

Please contact Jessica Berg (bergjm@buffalostate.edu) with any questions.

Please obtain your Chair and Dean's signatures on the next page, then **email** this document to [bergjm@buffalostate.edu](mailto:bergjm@buffalostate.edu) and [sternme@buffalostate.edu](mailto:sternme@buffalostate.edu) within 5 business days of application deadline.

**Please complete boxes or Routing Sheet will be returned.**

Cost Share  Yes  No

Amount \_\_\_\_\_

Source(s) \_\_\_\_\_

*See page 2 for details*

**Salary Recovery**

% Effort \_\_\_\_\_

Salary Amount \_\_\_\_\_

FB Amount: \_\_\_\_\_

*Your signature below certifies that the proposal has been reviewed and approved by the appropriate campus officials and that the necessary provisions for any cost sharing or faculty release time will be met.*

	Print Name	Signature
Project Director (PI)	_____	_____
Co-PI (when applicable)	_____	_____
PI's Department Chairperson	_____	_____
Co-PI's Department Chairperson	_____	_____
Dean(s)	_____	_____
	_____	_____
Vice President (when applicable)	_____	_____
Director, Sponsored Programs	<u>Jessica M. Berg</u>	_____
Alternate Designee	_____	_____

**For Research Foundation Use Only**

Date received at the Research Foundation \_\_\_\_\_

Forwarded to \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_