



**I. Project Information**

Title of Project: \_\_\_\_\_

Non-technical Project Description: (Brief – 2 - 4 lines)

Project Status (new or continuing): \_\_\_\_\_

New

Continuing

Award Type: \_\_\_\_\_

Does the project involve undergraduate/graduate student Research?

Yes

No

If yes, please provide the # of students ( please manually enter #):

**II. Investigator Information**

*\*manually enter the requested information into the boxes*

Principle Investigator/Project Director (name): \_\_\_\_\_

Academic Rank: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Extension: \_\_\_\_\_

Co-PI (name): \_\_\_\_\_

Academic Rank: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Extension: \_\_\_\_\_

\* Attach Info for additional PI's as needed

**III. Proposal Information**

Name of Prime Funding Agency (include Institute or Directorate for NIH/NSF proposals) : \_\_\_\_\_

Name of Collaborating Institution/Organization (if MC is not the prime awardee) \_\_\_\_\_

If funded, MC will need to issue Sub-award agreements to sub-recipients or consultants?

Yes

No

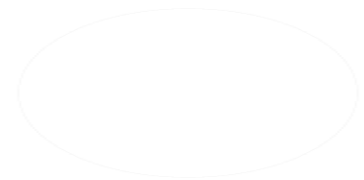
Proposal start date:

Proposal end date:

Funding Source:

Private:

Government:



## IV. Budget Detail

Total Direct Costs: \_\_\_\_\_

Total Indirect Costs: \_\_\_\_\_

Total Request: \_\_\_\_\_

Indirect Costs Calculation:

\*See DHHS rate agreement form for applicable information if needed

Does the sponsor limit or exclude indirect costs?

Yes

No

If yes, what is the Sponsor's published IDC cost rate?:

## V. College Resources

Does this Project require MC funds or resources to operate (e.g., course releases, use of space or facilities, equipment - including MC vehicles, renovations, maintenance, etc.)?

Yes

No

If yes, does it have cost sharing? (select type, if no cost sharing - leave blank or select none )

If there is cost sharing, please fill out the cost sharing information form

## VI. Compliance Requirements

1.) Are human subjects to be used in any capacity (including surveys or interviews)?	Yes	No
1a.) If yes, has the IRB application been submitted?	Yes	No
1b.) If submitted, please select the status of the application:	IRB Approved	In Review
2.) Has the PI/Senior personnel completed Responsible Conduct Research (RCR) training?	Yes	No
2b.) If yes, please state the completion date of the training:		
3.) Are Biological, Chemical or Radioactive Hazardous Materials used in this project?	Yes	No
4.) Does the proposal include any Proprietary and/or Confidential Information?	Yes	No
5.) Does this project include collaboration w/ a researcher or institution outside the U.S.?	Yes	No
6.) Have all Key Personnel completed a Col disclosure form within the past 12 months?	Yes	No

## VII. Assurances

### Principal Investigator / Project Director Assurance:

By signing this routing form, I: 1) acknowledge and accept responsibility for the technical content and quality of the proposed project; 2) assure that the project and other professional activities and the College mission are compatible; 3) assure that the information contained on this form is true, accurate and complete to the best of my knowledge; 4) acknowledge and accept responsibility for the financial and scientific conduct of this project, and to be bound by the terms, conditions, and reporting requirements of any award agreement which supports this activity and by MC policies; 5) assure that arrangements have been made to fund any cost sharing or other special resources needed to conduct this work; 6) understand that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; 7) certify that I have not been debarred or suspended from doing government-sponsored work.

PI/PD

Date

Department Chair

School Dean

**Provost, if applicable**

**Director, Grants Administration**

**Accountant:**

