

TEXAS TECH UNIVERSITY -- Internal Routing Sheet Sponsored Projects -- Office of Research Services					For ORS use only	
Title:						
Project Director:			%*	Dept/Area/C/I:		
Co-Investigator:			%*	Dept/Area/C/I:		
Co-Investigator:			%*	Dept/Area/C/I:		
*For interdisciplinary projects, indicate % credit to be given each academic department or unit, including centers and institutes. % indicates estimated relative contribution to, or responsibility for, the overall project and should add to 100%.						
Type of Project: International? <input type="checkbox"/> Research <input type="checkbox"/> Training/Instruction <input type="checkbox"/> Community Service <input type="checkbox"/> Other <input type="checkbox"/>						
Funding Agency:			Funds Requested:		1 st Yr. \$	Total \$
Proposal Type: New <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement <input type="checkbox"/>			Duration:		Start Date:	End Date:
Prior year or existing TTU Account number, if applicable:						
INITIATOR DATA: (Please check appropriate responses; Please attach additional information as needed.)				COPY/MAILING INSTRUCTIONS:		
(a) Human research subjects involved?		Yes	No	Deadline Date:		
<input type="checkbox"/> Pending committee review		<input type="checkbox"/>	<input type="checkbox"/>	Postmark	<input type="checkbox"/>	Delivered? <input type="checkbox"/> or Electronic submission? <input type="checkbox"/>
Protocol Number				Mail original and	copies	
If NIH project, is required education completed?		<input type="checkbox"/>	<input type="checkbox"/>	Certified Mail	<input type="checkbox"/>	or Overnight delivery <input type="checkbox"/>
(b) Animals involved?		<input type="checkbox"/>	<input type="checkbox"/>	If Overnight delivery, Acct No.		
<input type="checkbox"/> Pending committee review		Mailing address:				
Approval Date						
(c) Involves recombinant DNA, microorganisms, biological toxins, blood borne pathogens, human clinical specimens, and/or regulated or particularly hazardous chemicals?		<input type="checkbox"/>	<input type="checkbox"/>	PI/Co-PI signature(s). Please attach sheet, if necessary.		
<input type="checkbox"/> Pending committee review						
Approval #		Approval Date				
(d) Radioactive material, Lasers, or radiation-producing material involved?		<input type="checkbox"/>	<input type="checkbox"/>			
If yes, licensed by Radiation Safety Committee?		<input type="checkbox"/>	<input type="checkbox"/>			
(e) Conflict of Interest?		<input type="checkbox"/>	<input type="checkbox"/>			
(f) Cost sharing required by sponsor?		<input type="checkbox"/>	<input type="checkbox"/>			
(g) Will the project be conducted on campus?		<input type="checkbox"/>	<input type="checkbox"/>			
(h) Facilities and administrative costs discounted?		<input type="checkbox"/>	<input type="checkbox"/>			
(i) Subcontractor(s) required?		<input type="checkbox"/>	<input type="checkbox"/>			
(j) Project-related income expected?		<input type="checkbox"/>	<input type="checkbox"/>			
COST-SHARING COMMITMENTS: (To be completed by Project Director and initialed by appropriate persons. Attach separate page if needed.)						
(a) Contributed Faculty Time:						
Name	%Time	Period	Amount	Approval (Required)		
			\$			
(b) Contributed Funds: (Includes cost-sharing/matching in the areas of non-faculty salaries, equipment, travel or other direct costs.)						
Type of Expenditure	Amount	Source of Funds (Acct. No.)	Approval (Required)			
	\$					
(c) Third-Party Contributions: (Cash, goods or services contributed by non-Federal third parties. Attach documentation.)						
Nature of Contribution	Value & How Estimated	Source				
	\$					
SPECIAL COMMENTS:						
APPROVALS: (Signatures certify that the proposal is consistent with unit policies and objectives, that unit commitments to the project are noted and approved, that to the knowledge of the signer, no principals on this project are debarred by the federal government, and that any disclosures of significant interests have been reviewed and either no conflicts were identified or conflicts have been or will be managed, reduced to an acceptable level, or eliminated.)						
(1) Department Chair(s)			Date	(4) Office of Research Services		
(2) Dean(s)			Date	(5) Associate Vice President for Research		
(3) V.P. or C/I Director as appropriate			Date			
Internal Routing Sheet effective September 1, 2007 -- All previous versions obsolete.				PLEASE attach separate sheets as needed for clarity in completing any field.		Instructions on next page (back if printed 2 sides)

PROJECT, PI, and SPONSOR INFORMATION

This information will be entered into the Research Services database. Choose a title that is descriptive of the project, but keep it as brief as possible. List all investigators who should receive credit (and % of credit, if not to be evenly divided) for the proposal or award. Also indicate the department or unit affiliation of each investigator. Please complete **Project Type** boxes. If any aspect of the project is international (i.e., funding, data collection, subcontractor, etc.) please check the "International" box. In addition, please indicate if the project is to be Research, Training/Instruction/ Community Service, or Other. For definitions, see "Definition of Project Types" under "Forms" on the ORS Website.

INITIATOR DATA (For items a - d, call ORS for name of contact.)

- (a) If human subjects are to be involved in the proposed research, approval is required from the Human Subjects Review Board. Indicate whether approval has been received, and date of approval. *If the proposal is to NIH, indicate whether all key personnel have completed required education, and sent certificates and signed statements to ORS.*
- (b) If laboratory animals are to be used in the proposed research, approval is required from the Animal Care and Use Committee. Indicate whether approval has been received, and date of approval.
- (c) Research involving recombinant DNA, microorganism, biological toxins, bloodborne pathogens, human clinical specimens, and/or regulated chemicals & particularly hazardous chemicals may require the approval of the Institutional Biosafety & Hazardous Material Committee (IBC). See the IBC Guidelines (http://www.depts.ttu.edu/vprgs/ttu_institutional_biosafety_committee.php) to determine applicability and registration requirements. Indicate whether approval has been received by including IBC approval number and the date of approval.
- (d) No approval of the project is required; however, the P.I. must be licensed by the Office of Environmental Health and Safety.
- (e) "No" indicates that significant financial interests have been reviewed and that no conflicts exist. If "Yes" is checked, a plan for managing or eliminating the conflict or reducing it to an acceptable level must be attached. (See OP 70.37.)
- (f) Indicate whether TTU cost sharing is *required* by the sponsor as a condition of support.
- (g) If "no" is checked, include a statement as to what proportion of the project will be off-campus and identify the project site.
- (h) If subcontractors or professional services agreements will be required, the proposal should include evidence that the subrecipient has agreed to do the work for the amount specified in the budget. For proposals to federal agencies, additional certifications may be required.
- (i) If the project is expected to produce income (ticket sales, conference participants, sale of materials, etc.), check "yes."

COPY/MAILING INSTRUCTIONS

If there is a deadline, enter the date; indicate whether this is a Postmark or Delivery deadline.

Indicate the number of copies to be mailed. ORS will cover the cost of making the number of copies required by the agency and one copy for the PI. Unless instructed otherwise, ORS will mail the original copy of the proposal.

Indicate whether the proposal is to be mailed by Certified Mail or Overnight delivery. ORS will cover the cost of certified mail; if overnight delivery is to be used, give an account number to which this service can be charged.

Fill in the full address to which the proposal is to be mailed, along with any other instructions. Attach additional sheets if needed.

P.I. and all Co-PI signature(s) are required in this section, together with a phone number where each person can be reached.

COST-SHARING COMMITMENTS

This section must be completed if the proposal includes any formal cost-sharing commitments from Texas Tech or from a third party. Such commitments should usually be included only if required by the agency. Generally, faculty members should commit no more than 10 to 15 percent of their academic year time as cost-sharing. If a proposal is funded, any contributed funds other than salaries will be moved to a separate cost-sharing account. Contributed salaries will be documented through the personnel activity reporting system.

SPECIAL COMMENTS

Use this space to describe any unique feature of the proposed project. Include any information that will aid in setting up a budget or managing the project once it has been funded.

APPROVALS

All proposals must be approved by the appropriate department chair(s) or center/institute director(s). Proposals from units that report to a dean (all departments and most centers/institutes) must be approved by the dean or associate dean. Proposals involving multiple units require multiple approvals.

Additional information is available from: The Office of Research Services, 203 Holden Hall, MS 1035, 742-3884.