

Prior to routing for project approvals, please ensure that ORSP has received your Proposal Notification Form (PNF) and has been involved in the development of the proposal (especially budget calculations).

We appreciate your effort in submitting a proposal, however investigators do not have the authority to submit a budget or a proposal on behalf of SHSU without first having gained approval from ORSP.

This is the internal document utilized to gain proposal approval and **should never be sent to a funding agency or sponsor**. Please contact the Office of Research and Sponsored Programs (ORSP) at 936.294.4032, if you have any questions regarding the proposal process.

INTERNAL REVIEW AND APPROVAL DEADLINES

It is important to allow enough time for the approval process.

Proposals with no cost sharing and under \$500,000 - **allow 5 working days**. All Proposals must be approved by the appropriate University administrators, including the PI and Co-PIs, Department Chairs, the College Dean, and the Associate Vice President for ORSP.

Proposals that include cost sharing and/or exceed \$500,000 - **allow 10 working days**. Proposals that include Matching funds and/or exceed \$500,000 require additional signatures.

At a minimum, all proposals must include:

1. Routing and approval form (3 pages)
2. A Conflict of Interest Statement for **each** P.I. and **all** Co-P.I.s
3. Budget in SHSU/ORSP format (*Budgets must be reviewed and approved by ORSP prior to submission.)
4. Budget Justification
5. Statement of Work

Other documents as required by proposal guidelines or dictated by the type of proposal.

PROPOSAL ROUTING PROCEDURE

The PI/Project Director and CO-PI(s) must sign the routing form after all of the information is provided. The PI must secure the approval signatures from the Department Chair and the Dean. After the required signatures have been obtained, the PI submits the final copy of the proposal along with the approval routing form, including the proposal/statement of work, the budget, and all other applicable forms to the Proposal Administrator in ORSP for final review and approval. ORSP will coordinate/obtain the remaining required approval signatures.

**Proposal/Contract Internal
Routing Approval Form**

Proposal Number _____

- 1) Route proposals to ORSP 5-10 working days prior to submission deadline.
- 2) Conflict of Interest Statements from the P.I. and all Co-P.I.(s) are required.
- 3) A detailed budget & budget justification & a statement of work must be attached. Budgets must be reviewed & approved by ORSP.
- 4) At minimum, a Subrecipient Commitment Form, detailed budget, budget justification and a statement of work are required for ALL Subcontractors.

For information or assistance, contact ORSP at 936.294.4032

PROPOSAL STATUS	ACTIVITY TYPE (CHECK ONE ONLY)	
New	Basic Research (20)	Student Services (50)
Revised	Instruction (10)	Developmental Research (20)
Continuation/Renewal	Applied Research (20)	Academic Support (40)
Subcontract w/other entity	Public Service (30)	Institutional Support (60)

PROPOSAL TITLE:

DIRECT SPONSOR/AGENCY NAME:

SPONSOR/AGENCY TYPE			PROPOSAL TYPE	
Federal	City/Local	Private/Foundation/Non-Profit	Grant	Pre-Proposal
State	Industry	Other:	Contract	Fellowship

FEDERAL FUNDS	COST SHARING/MATCH FUNDS	
Are there federal flow through funds? Yes No	Cost Sharing/Match Funds Required? Yes No	
If YES, agency name:	<i>Note: Cost Share/Match form must be completed and approved by your chair, Dean, ORSP and Provost before submission.</i>	
Agency/Program's CFDA Number: (###.### format)	Cost Share/Match \$	

SUBCONTRACTS	INDIRECT/FACILITIES & ADMIN. COST	
Will SHSU subcontract out any portion of work on this project? Yes No	What Indirect/Facilities & Admin. cost rate is used?	
If YES, entity name:	<i>Note: If different from SHSU's approved MTDC, a Request for Waiver form must be submitted.</i>	

RESEARCH COMPLIANCE	PROJECT TIMELINE
Before any awarded funds can be accessed, all research compliance requirements must be met. Call 936.294.4875 for assistance.	Start Date: End Date:
Please Check all that apply:	Proposal Deadline:
Human Subjects Radio Active Materials Export Controls	Electronic Submission Paper Submission
Animal Subjects Bio Safety None	PROPOSED DOLLAR AMOUNT
	(exclude matching funds, if applicable) \$

ROLE	Name	COLLEGE	DEPARTMENT	EMAIL	PHONE
PI/PD:					
CO-PI:					
CO-PI:					
CO-PI:					
CO-PI:					

**Proposal/Contract Internal
Routing Approval Form (con't)**

NAME & TITLE:

COLLEGE:

DEPARTMENT:

PROPOSAL TITLE:

PROJECT

PROPOSED

PROPOSED

SPONSOR:

START DATE:

END DATE:

P.I. MUST INITIAL ALL STATEMENTS BELOW:

- _____ I am not delinquent on any debt (e.g. federal, 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 will be responsible for Technical Conduct of the project 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 in violation of Board of Regents policies.
- _____ I have read, understand, and will comply with SHSU Conflict of Interest Disclosure policies.
- _____ All applicable CITI training (Research, Compliance and/or Conflict of Interest), has been or will be completed within the required time period.
- _____ I understand that the availability of awarded funds is contingent upon ORA receiving all the required compliance approvals. (i.e. IRB, IACUC)
- _____ I will complete any additional training required by SHSU or the project sponsor.
- _____ I understand that, with very rare exceptions and regardless of what is proposed, budgeted, or awarded, faculty and staff may not receive more than 100% of their SHSU pay rate. "Consulting Fees," stipends, or flat rate payments (to faculty, staff or SHSU students) are almost never allowable. Any exceptions must be specifically approved by SHSU and the sponsor.

IF COST SHARE IS REQUIRED BY THE SPONSOR:

P.I., DEAN AND FOP APPROVER MUST ALL INITIAL BELOW.

It is the PI's responsibility to ensure that it is tracked accurately and in a timely manner. I understand that the University is committing to support this project with the cost sharing commitment. Documentation and the use of the activity code in the Banner system will be required to track the cost sharing expenses.

P.I.

DEAN

FOP/BUDGET ADMIN.

EXPORT CONTROLS

Yes	No	This project includes foreign travel.
Yes	No	This project includes exportation of technical knowledge, equipment, materials and/or software.
Yes	No	This project is expected to include or involve foreign countries or their nationals. <i>(Colleagues, Graduate Students, Co-PI's, etc.)</i>
Yes	No	Are there any contractual restrictions on publication or access to or dissemination of the research results?

**EACH PI AND CO-PI MUST SIGN THIS FORM AND OBTAIN SIGNATURES
FROM THEIR RESPECTIVE CHAIR AND DEAN**

NAME & TITLE:		
COLLEGE:	DEPARTMENT:	
PROPOSAL TITLE:		
PROJECT SPONSOR:	PROPOSED START DATE:	PROPOSED END DATE:

The PI attests that the statements given on these forms are true to the best of his/her knowledge and that s/he is informed, aware, and agrees to all applicable SHSU, funding agency and government policies/regulations.

All appropriate Deans and Department Chairs must sign to certify that they approve submission of this proposal and all accompanying forms, including proposal narrative, budget, and, if applicable, any cost sharing commitments.

PI: _____	DEPT. CHAIR: _____	DEAN: _____	DATE: _____
CO-PI: _____	DEPT. CHAIR: _____	DEAN: _____	DATE: _____
CO-PI: _____	DEPT. CHAIR: _____	DEAN: _____	DATE: _____
CO-PI: _____	DEPT. CHAIR: _____	DEAN: _____	DATE: _____
CO-PI: _____	DEPT. CHAIR: _____	DEAN: _____	DATE: _____

FOR ORSP USE ONLY

ORSP PROPOSAL ADMINISTRATOR _____ **DATE:** _____
(REVIEW)

ASSOCIATE VP FOR ORSP _____ **DATE:** _____

VP FOR ACADEMIC AFFAIRS _____ **DATE:** _____
(OVER \$500K AND/OR MATCHING FUNDS)

PRESIDENT _____ **DATE:** _____
(OVER \$500K)

CONFLICT OF INTEREST STATEMENT (COI)

THE P.I. AND ALL CO-P.I.'S MUST COMPLETE A COI FORM

NAME & TITLE:

COLLEGE:

DEPARTMENT:

PROPOSAL TITLE:

PROJECT
SPONSOR:

PROPOSED START
DATE:

PROPOSED
END DATE:

CERTIFICATION: I have read and agree to comply with the Sam Houston State University Conflict Interest Policy and understand that SHSU, Federal, and/or State policies regarding the responsible conduct of research will, for most projects, require additional training that must be successfully completed.

Are you or any member of your immediate family (spouse, parents, parents-in-law, siblings, children, or other relatives living at the same address as faculty member) an officer, director, partner, trustee, employee, advisory board member or agent of the external organization funding this sponsored project or of any organization from which goods and services will be obtained under the sponsored project? **If yes, describe in detail the nature and extent of the affiliation on a separate sheet.**

Yes No

Are you or any immediate family member the actual or beneficial owner of more than five percent (5%) or \$5,000 of the voting stock or controlling interest of the external organization funding this sponsored project or any external organization from which goods and services will be obtained under this sponsored project? **If yes, describe in detail the nature and extent of equity interest on a separate sheet.**

Yes No

Have you or any member of you immediate family derived income within the past year or do you or any member of your immediate family anticipate deriving income exceeding \$5,000 per year from the external organization funding this sponsored project or any external organization from which good and services will be obtained under this sponsored project? **If yes, describe on a separate sheet the amount of the income and the reason for which it was or will be derived.**

Yes No

Do you have any affiliation with the external organization that would diminish your ability to fulfill your paramount obligations to your students, your colleagues, or the university; or have you involved any graduate student in a propriety capacity with the external organization? **If yes, describe on a separate sheet the nature of the affiliation and the amount of time per week you have dedicated to it.**

Yes No

SIGNATURES

Investigator/Senior Personnel Signature

Printed/Typed Name

Date

Department Chair Signature

Printed/Typed Name

Date

Dean Signature

Printed/Typed Name

Date

ORSP ADMINISTRATIVE REVIEW/APPROVAL

Based on the activity reported, to the best of my knowledge and in my judgment:

No real or potential conflict of interests exists

A real or potential conflict of interest may occur which warrants further review. (Attach explanation)

Associate VP - ORSP

Date