



CALIFORNIA STATE UNIVERSITY, EAST BAY
Office Of Research And Sponsored Programs (ORSP)

Location: LI 2310
Phone: 510-885-4212
Fax: 510-885-4618

PROPOSAL ROUTING FORM (PRF)

Principal Investigator(s): 1. _____ 2. _____ 3. _____	Department: _____	College: _____	% Effort: AY effort ____ OL ____ Summer ____ AY effort ____ OL ____ Summer ____ AY effort ____ OL ____ Summer ____
Project Title: _____			AY time commitment description: _____ _____
Sponsor: _____			

Program: _____	Fully-signed PRF due date to ORSP:
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Amount Requested: Year 1 _____ Year 2 _____ Year 3 _____ Year 4 _____ Year 5 _____ TOTAL _____	Indirect Cost Rate: <input type="checkbox"/> ____% of salaries, wages, and benefits <input type="checkbox"/> ____% of total direct costs	Project Start Date: _____ Project End Date: _____
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Does this project adhere to the indirect cost policy? No Yes
If no, provide documentation.

Are cost-sharing or matching with time/funds involved in this project? No Yes
If yes, provide commitment documentation.

Type of Project:
 Research Training Equipment Program/Curriculum Development Other (specify): _____

Check if this is a:
 Pre-proposal New Project Renewal Supplement Resubmission

Check if Project Involves: <input type="checkbox"/> research on human subjects (IRB) <input type="checkbox"/> research on vertebrate animals (IACUC) <input type="checkbox"/> recombinant DNA (Inst. Biosafety Committee) <input type="checkbox"/> radioactive or hazardous materials (Environmental Health & Safety Office) <input type="checkbox"/> substantial usage or change/update of academic computer facilities (ICS) <input type="checkbox"/> space modification/renovation/additional space <input type="checkbox"/> patent possibility <input type="checkbox"/> subcontracts with outside agencies/organizations	If any are checked, give details _____ _____ _____ _____
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By signing below, I certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. (Executive Order 12549, Debarment and Suspension, 34 CFR Part 85)

Signed: _____

Principal Investigator APPROVED: _____	Co-Investigator(s) _____	Date _____
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Department Chair(s)/Supervisor(s) _____	Date _____
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College Dean/Vice President _____	Date _____	For ORSP Use
Research and Sponsored Programs _____	Date _____	
CSUEB Foundation, Inc. _____	Date _____	
VP, University Advancement (for private sponsors) _____	Date _____	
Provost _____	Date _____	
VP, Administration and Finance, CFO _____	Date _____	
CSUEB Proposal No. _____		
Grant to be administered by: <input type="checkbox"/> CSUEB Foundation Grants & Contracts account <input type="checkbox"/> University Accounting Office <input type="checkbox"/> No funds to CSUEB		
Distribution: <input type="checkbox"/> ORSP <input type="checkbox"/> Fiscal Office <input type="checkbox"/> Dean's Office <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Other _____		

NOTICE: If awarded, the Recipient of the Contract or Grant shall be the University or the CSUEB Foundation and not an individual, department, or other constituent unit.