



CALIFORNIA STATE UNIVERSITY, EAST BAY
Office of Research and Sponsored Programs (ORSP)
PROPOSAL ROUTING FORM (PRF)

ORSP Proposal Number: _____

<http://www.csueastbay.edu/orsp/forms-policies-procedures/proposal-development.html>

Principal Investigator: 1. Co-Principal/Co-Investigator(s): 2. 3. Go to page 2 for additional Investigators/Key Personnel	Department:	College/Division:	RT % / FTE	OL %	Sum %	Qtr & Yr

Project Title:	Notes:
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Direct Sponsor (Awarding Agency):	Prime Sponsor:
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Program:	CFDA Number:	Sponsor's Deadline:
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Amount Requested: Year 1 _____ Year 4 _____ Year 2 _____ Year 5 _____ Year 3 _____ TOTAL _____	Indirect Cost Rate: <input type="checkbox"/> ___% of modified total direct costs (federal rate) <input type="checkbox"/> ___% of total direct costs	Proposed Start Date:	Fully signed PRF due date to ORSP:
		Proposed End Date:	

Does budget comply with the applicable standard CSUEB indirect cost rate? No Yes (Fed 46.5% MTDC; State 25%; Non-Fed 15%)
Please attach sponsor's published rate if lower than CSUEB standard rates; Non-compliance w/sponsor's or standard rates requires Provost approval

Is required cost-share/matching with time/funds/resources involved? No Yes Cost Share Amount: \$_____ (documentation/approval needed)
Is voluntary committed cost-sharing or matching with time/funds involved? No Yes If yes, provide explanation

Cost Share Type: Cash Volunteer Services Unrecovered IDC Donated Supplies or Equipment Other (specify): _____

Project Type: Basic Research Applied Research Development For reference, see <https://www.nsf.gov/statistics/fedfunds/glossary/def.htm>
 Program/Curriculum Development Service Provision Equipment Other (specify): _____

Check if this is a: New Project Renewal Supplement Resubmission Revised Proposal

Check Yes or No if your project involves any of the following:	
<input type="checkbox"/> YES <input type="checkbox"/> NO Sponsor Limits # of Proposals (Limited Submission)	<input type="checkbox"/> YES <input type="checkbox"/> NO Foreign Collaborators
<input type="checkbox"/> YES <input type="checkbox"/> NO Research on Human Subjects (IRB)	<input type="checkbox"/> YES <input type="checkbox"/> NO International Travel (President's approval required)
<input type="checkbox"/> YES <input type="checkbox"/> NO Research on Vertebrate Animals (IACUC)	<input type="checkbox"/> YES <input type="checkbox"/> NO Commitment of resources beyond project end date
<input type="checkbox"/> YES <input type="checkbox"/> NO Recombinant DNA (Inst. Biosafety Committee)	<input type="checkbox"/> YES <input type="checkbox"/> NO Sharing data/equip w/ foreign partners (Export Controls, ITAR)
<input type="checkbox"/> YES <input type="checkbox"/> NO Radioactive or Hazardous Materials (EHS)	<input type="checkbox"/> YES <input type="checkbox"/> NO Use of Electronic & Info Technology Products (VPAT)
<input type="checkbox"/> YES <input type="checkbox"/> NO Significant Computing Resources required/planned (ITS)	<input type="checkbox"/> YES <input type="checkbox"/> NO Unmanned Aerial Vehicle (UAV) (Drones Policy)
<input type="checkbox"/> YES <input type="checkbox"/> NO Space Modification/Renovation/Additional Space (Dean)	<input type="checkbox"/> YES <input type="checkbox"/> NO Stipends/Participant Support (Scholarship/Stipend Policy)
<input type="checkbox"/> YES <input type="checkbox"/> NO Publication, Copyright or Patent issues (Acad. Affairs)	<input type="checkbox"/> YES <input type="checkbox"/> NO Project involves working with minors (ages 17 & under)
<input type="checkbox"/> YES <input type="checkbox"/> NO Subcontract Agreements Involved (Compliance)	<input type="checkbox"/> YES <input type="checkbox"/> NO Hiring Additional Personnel or Hiring Existing CSUEB Staff
<input type="checkbox"/> YES <input type="checkbox"/> NO Responsible Conduct for Research (RCR) training	<input type="checkbox"/> YES <input type="checkbox"/> NO Data Management Plan Required

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) I understand that 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. PI and respective department and college units, however, are responsible for all costs not included in the approved budget.

SIGNATURES: PI certifies that the above information is correct, and the proposal and budget is accurate, complete and adheres to the sponsor's and CSUEB's policies and procedures:

Principal Investigator	Co-Investigator(s)	Date
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APPROVED: Reviewers acknowledge that proposal information is confidential and not to be shared or used without permission from the Principal Investigator:

Department Chair(s) / or Direct Supervisor(s)	Date	Comments/Notes Completed/Signed PRF to be distributed as follows: <input type="checkbox"/> PI / Co-PI's <input type="checkbox"/> Departments <input type="checkbox"/> Colleges <input type="checkbox"/> UA (for private sponsors) <input type="checkbox"/> Other _____
College Dean / or Department/Division Official	Date	
Research and Sponsored Programs	Date	
VP, University Advancement (for private sponsors) Date		
Provost, Academic Affairs	Date	
VP, Administration and Finance, CFO or Designee	Date	



PROPOSAL ROUTING FORM (PRF) – PAGE 2

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Additional Investigators/Key Personnel & Role:		Department:	College/Division:	RT %	OL %	Sum %	Qtr & Yr
1.							
2.							
3.							
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NOTES:

SIGNATURES:

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Add'l Inv/Key Personnel #1	Date	Dept Chair	Date	Dean	Date
Add'l Inv/Key Personnel #2	Date	Dept Chair	Date	Dean	Date
Add'l Inv/Key Personnel #3	Date	Dept Chair	Date	Dean	Date
Add'l Inv/Key Personnel #4	Date	Dept Chair	Date	Dean	Date
Add'l Inv/Key Personnel #5	Date	Dept Chair	Date	Dean	Date
Add'l Inv/Key Personnel #6	Date	Dept Chair	Date	Dean	Date
Add'l Inv/Key Personnel #7	Date	Dept Chair	Date	Dean	Date
Add'l Inv/Key Personnel #8	Date	Dept Chair	Date	Dean	Date
Add'l Inv/Key Personnel #9	Date	Dept Chair	Date	Dean	Date
Add'l Inv/Key Personnel #10	Date	Dept Chair	Date	Dean	Date