



R&D Proposal No.:

Date Due to Agency:

If time due is earlier then 5:00 indicate:

Directions: This Routing Sheet must be completely signed before your proposal is submitted. Email the routing sheet to Sponsored Projects Administration along with your budget, budget justification, draft proposal, and any documentation of F&A limitation or cost share requirement. The individuals listed at the bottom of this sheet will review and sign to indicate approval.

Your proposal cannot be submitted until the routing process is complete.

Title of proposal:

Agency submitted to:

RFP#:

Electronic submission required by the following:

grants.gov research.gov (NSF) NSPIRES (NASA) ASSIST (NIH) Submitted by PI

Type of Proposal:

New Renewal/Supplement Revised Budget Cost Reimbursement Fixed

Proposed start date of project:

End date:

PI:

Dept:

Email:

Co-PI:

Dept:

Co-PI:

Dept:

Co-PI:

Dept:

Co-PI:

Dept:

TOTAL FUNDING REQUESTED IN THIS PROPOSAL:

Total Direct Costs: \$ _____

Total Indirect Costs: \$ _____

Total Overall Cost & Fee: \$ _____

Indirect Cost Rate used: _____

Indirect Cost Rate Allowed: _____

STUDENT SUPPORT REQUESTED IN THIS PROPOSAL:

Undergraduate: \$

Graduate: \$

Total Student Support: \$

Does Agency require Indirect Costs to be reduced or waived? NO YES -- Please attach copy of requirement by Agency

Does Agency require cost share? NO YES -- Please attach copy of requirement by Agency

Amount	Source	NMT Account #	Signature Approval

Will this project utilize ionizing radiation ? NO YES

Is this an NSF collaborative proposal? NO YES

If this proposal is a collaborative proposal, who is the lead organization?

RESEARCH COMPLIANCE:

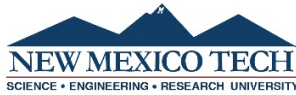
All Researchers have completed RCR Basic Training NO YES

All projects involving human or animal subjects must be reviewed and approved by Tech's IRB or IACUC before research can begin.

This project WILL involve: Human Subjects Animals

Have all research staff (including the PI) completed the required training course? NO YES

Principal Investigator:	Date:
Department Chair or Supervisor:	Date:
Sponsored Projects Administration:	Date:
VP for Academic Affairs:	Date:
VP for Research & Economic Development:	Date:
VP for Administration & Finance:	Date:
President:	Date:
Research Service Specialist:	Date:



Conflict of Financial Interest Disclosure Form

[NMT Conflict of Interest Policy](#)

Principal Investigator: _____

	NO	YES
I have read the NMT Conflict of Interest Policy.		
I have taken the NMT Conflict of Interest Training.		
I have completed a Conflict of Interest Disclosure Form within the past 12 months.		
I have no changes to the current Conflict of Interest Disclosure Form on file.		

PI Signature: _____ **Date:** _____

Export Control Exclusion Screening

Principal Investigator (PI): Answer the following questions and return to the Sponsored Projects Administrator (SPA) working on your proposal/grant/contract/agreement.

*****IMPORTANT NOTICE TO PI*****

Consequence of Non-Compliance

Failure to comply with US export control laws can result in severe penalties to the individual that can include the following: Civil penalties up to \$500,000 for each violation; Criminal penalties can be applied up to \$1,000,000 each violation; and/or Imprisonment for up to 10 years.

** SECOND PAGE PROVIDED FOR REQUESTED OR ADDITIONAL INFORMATION.*

Fundamental Research Exclusion	Yes	No	Unknown
Will the information be published and shared broadly in the scientific community?			
Are there any proprietary or U.S. government publication or access dissemination restrictions in the contract?			
Are there any restrictions on foreign national participation or requirements for U.S. citizens only in the contract?			
Will there be any foreign nationals and/or persons holding dual citizenship involved with the project? <i>Provide the name and nationality of each individual if known or when available.</i>			
Is any of the project equipment export controlled? (If new, describe on page 3)			
Is any portion of the project being conducted at a site other than NMT? (SubAwardees, Collaborators, Consultants, Other [select one]). <i>* If "Yes," Where?</i>			
Will items and/or materials be shipped outside the United States? <i>*If "Yes," What? Where? and To Whom?</i>			
Is travel outside the US anticipated? <i>* If "Yes," Where?</i>			
Educational Information Exclusion			
Is the information commonly taught at schools and universities? <i>(Please see Export Control Exclusion Screening Tip Sheet for more information.)</i>			
Are courses about this information listed in published course catalogs?			
Other Terms Mentioned or Discussed Within the Project documentation			
<i>If "Yes" is indicated, please include a brief description.</i>			
Encryption Software? <i>* If yes, fill out the "Checklist for Encryption Software..." form from the Office of Research - Compliance office (contact Troylynn Zimmerly)</i>			
Select Agents? <i>*If "Yes," What is it?</i>			
Trade Secrets?			
Sanctioned or Embargoed countries? <i>*If "Yes," Name?</i>			
ITAR (International Traffic in Arms Regulation) or Munitions List? <i>*If yes</i>			
EAR (Export Administration Regulations) or Export Control? <i>*If "Yes," #</i>			
PI Signature:	Date:		
SPA Signature:	Date:		
Compliance Office Signature (if applicable):	Date:		

ADDITIONAL INFORMATION