



**PROPOSAL ROUTING FORM**

Sponsor Deadline Date: \_\_\_\_\_ Time: \_\_\_\_\_ EST

1.KEY/SENIOR PERSONNEL	Name	Org/Dept No.	UVA ID	Phone
Principal Investigator				
Fiscal Contact				
Administrative Contact				
<b>2.PROPOSAL DETAILS</b>				

Proposal Title: \_\_\_\_\_  
 Short Title (30 characters): \_\_\_\_\_ Proposal Type: \_\_\_\_\_  
 Proposal Org/Dept No: \_\_\_\_\_ Award Owing Org/Dept No: \_\_\_\_\_  
 Primary Activity Type: \_\_\_\_\_ This project will occur:  On-Grounds  Off-Grounds  
 Check all that apply:  Basic Research  Applied Research  Developmental Research  
 Clinical Research  Clinical Trial  Computational  
 Proposal Period: From: \_\_\_\_\_ To: \_\_\_\_\_

**3.SPONSOR DETAILS**  SBIR  STTR  Limited submission opportunity

Immediate Sponsor: \_\_\_\_\_ Sponsor Type: \_\_\_\_\_  
 Originating Sponsor (if applicable): \_\_\_\_\_ Solicitation #: \_\_\_\_\_ CFDA #: \_\_\_\_\_  
 Sponsor Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**4.BUDGET SUMMARY** Cost Share? (See Section 8)  Voluntary  Mandatory  None

F&A Rate Applied to This Project: \_\_\_\_\_ %  Sponsor limits F&A recovery  F&A waiver approved  
 (Please attach documentation of sponsor limitation and/or F&A waiver approval, if applicable.)

	Period 1	Period 2	Period 3	Period 4	Period 5	Total
Dates	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	
Total Direct Costs						
Indirect Costs						
Total Requested						
Cost Share						
Total Budget						

**COMMENTS**

\_\_\_\_\_

**UNIVERSITY APPROVAL**

Name and Title:	Signature:	Date:

5.KEY/SENIOR PERSONNEL EFFORT						
Project Role	Name	COI Investigator?	Appointment Type	Period 1 Effort %	Will effort levels change in out years?	Will there be course buyout / release?
Principal Investigator		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.COMPLIANCE AND OTHER INFORMATION	
Does this project involve human subjects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this project involve vertebrate animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this project involve recombinant DNA, hazardous chemicals, radioactive or biohazard materials, infectious agents, or Select Agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INTELLECTUAL PROPERTY:</b>	
Does this project involve Intellectual Property (IP) developed at UVA for which an invention disclosure has been made to the Licensing & Venture Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this project involve IP obtained under a licensing agreement from another entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this project involve Materials Transfer Agreements (MTA) or Data Use Agreements (DUA) with a party other than the sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the express purpose of this project the development of new IP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all personnel involved in the proposed work signed the University Patent Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EXPORT CONTROL:</b>	
Will any of the funded activities be performed outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will performance of this project require access to or result in the production of information subject to proprietary or government access or dissemination restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OTHER INFORMATION:</b>	
Does this project require new or additional space not already assigned, or the renovation of space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this project include subawards or subcontracts external to UVA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If awarded, will this project require internal subaccounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.CERTIFICATIONS			
<b>Principal Investigator &amp; Co-PIs:</b> My signature below certifies that:		<b>Department Chairs &amp; Deans:</b> My signature below certifies that:	
<ul style="list-style-type: none"> <li>The information submitted within this application is true, complete, and accurate to the best of my knowledge;</li> <li>Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties;</li> <li>I acknowledge review of and accept responsibility for the budget submitted;</li> <li>I accept responsibility for the scientific conduct and financial oversight of the project, including any required progress reporting.</li> </ul>		<ul style="list-style-type: none"> <li>I agree to release the designated faculty for the effort levels indicated in the proposed budget.</li> <li>I have communicated with collaborating departments and other key personnel as necessary.</li> <li>Adequate space will be made available for the proposed program.</li> <li>Cost sharing, if included, is reasonable and appropriate.</li> <li>The department or school will provide adequate administrative support.</li> <li>The department or school will assume responsibility for any costs incurred in excess of the amount awarded by the sponsor.</li> </ul>	
	Signature/Date:		Signature/Date:
Principal Investigator		Other Approval (if applicable)	
Department Chair		Other Approval (if applicable)	
Dean's Office		Other Approval (if applicable)	
Other Approval (if applicable)		Other Approval (if applicable)	





10. DETAIL BUDGET (OPTIONAL at proposal stage)						
	Period 1	Period 2	Period 3	Period 4	Period 5	Total
Dates	____ - ____	____ - ____	____ - ____	____ - ____	____ - ____	
OSP Only, Personnel						
OSP Only, Fringe Benefits						
OSP Only, GTA/GRA						
OSP Only, Equipment						
OSP Only, Participant Support						
OSP Only, Patient Care Costs						
OSP Only, Subcontract/Subaward						
OSP Only, Tuition						
OSP Only, Materials & Supplies						
OSP Only, Other Direct Costs						
OSP Only, Other Services						
Trainee Support Costs: OSP Only, Trainee Stipends						
Trainee Support Costs: OSP Only, Trainee Travel						
Trainee Support Costs: OSP Only, Trainee Tuition						
Travel: OSP Only, Travel Domestic						
Travel: OSP Only, Travel Foreign						
OSP Only, Alter and Renovation						
OSP Only, Consultant Services						
OSP Only, Rental OS Facilities						
<b>TOTAL DIRECT COSTS</b>						
<b>OSP Only, F&amp;A (Indirects)</b>						
<b>TOTAL BUDGET</b>						