GEORGIA INSTITUTE OF TECHNOLOGY
SPONSORED PROGRAMS/RESEARCH PROPOSAL AUTHORIZATION ROUTING FORM

FOR OSP USE ONLY:

DEPT./LAB PROPOSAL TRACKING NUMBER:

INVESTIGATOR DATA

PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR (DR./MR./MRS./MISS/MS.)	**PHONE**	**CAMPUS ADDRESS & MAIL CODE**
E-MAIL:	**FAX**	
LABORATORY, CENTER, COLLEGE OR SCHOOL		**DEPT. ORG ID (REQUIRED)**
CO-PD/PI (S)		**1 STRATEGIC RESEARCH THEME (IF APPLICABLE)**
ADMINISTRATIVE COORDINATOR, IF OTHER THAN PD/PI	**PHONE**	**CAMPUS ADDRESS & MAIL CODE**
E-MAIL:	**FAX**	

PROPOSAL DATA

PROPOSAL TITLE

PROPOSAL/AWARD CLASSIFICATION:

☐ NEW ☐ REVISED BUDGET
☐ CONTINUATION/ RENEWAL OF _____ ☐ SUPPLEMENT TO _____
☐ REVISION OF _____

IF THIS IS A RENEWAL, DOES THIS PROPOSAL CONTAIN AN ANNUAL OR INTERIM REPORT REQUIRED BY THE EXISTING AGREEMENT? **Yes** ☐ **No** ☐

☐ REQUEST FOR PROPOSAL/APPLICATION (RFP, RFA) NUMBER _____

TYPE OF AWARD (CONTRACT TYPE):	**COST SHARING/MATCHING FUNDS**
☐ COST REIMBURSEMENT NO FEE (DEFAULT - RESIDENT INSTRUCTION) ☐ COST REIMBURSEMENT WITH A FEE (DEFAULT - GTRI) ☐ TIME & MATERIALS CONTRACT (MEMO REQUIRED) ☐ FIXED PRICE CONTRACT (MEMO REQUIRED – RESIDENT INSTRUCTION)	**YES NO** ☐ ☐ IS COST SHARING/MATCHING PROPOSED? (ATTACH APPROVAL FORM) ☐ ☐ IS COST SHARING/MATCHING CONTRACTUALLY REQUIRED BY THE SPONSOR? ☐ ☐ IS COST SHARING/MATCHING BEING PROVIDED BY AN EXTERNAL ENTITY? **IF, YES, ATTACH LETTER OF COMMITMENT BY EXTERNAL ENTITY**
TOTAL $ PROPOSED FROM SPONSOR TOTAL COST SHARING AMOUNT	ESTIMATED START DATE:
PROPOSAL DUE DATE & TIME:	PERFORMANCE PERIOD MONTHS:_____ OR DAYS: _____
KEY WORDS (AT LEAST ONE REQUIRED)	

SPONSOR DATA

SPONSORING ORGANIZATION NAME (FUNDING ORGANIZATION OR THE ORGANIZATION THE SUBAWARD IS FROM)	SPONSOR'S TECHNICAL CONTACT	
	PHONE	EMAIL
MAILING ADDRESS OF SPONSORING ORGANIZATION	ADMINISTRATIVE CONTACT	
	PHONE	EMAIL
NAME OF SPONSORING GOVERNMENT ORGANIZATION (ISSUING THE PRIME CONTRACT), IF APPLICABLE: PRIME CONTRACT NUMBER:	SOURCE OF FUNDS, IF DIFFERENT FROM SPONSORING ORGANIZATION OR PRIME: CONTRACT NUMBER FOR SOURCE OF FUNDS:	
CHECK PREFERRED MAILING METHOD. ELECTRONIC _____ _____ (EMAIL OR FAX IF APPLICABLE) EXPRESS COURIER_____ U.S. EXPRESS MAIL_____ FIRST CLASS CERTIFIED _____ ACCOUNT TO BE CHARGED:	COURIER (HAND DELIVERY) ADDRESS	

YES NO **SPECIAL REVIEW CHECKLIST: THE PROPOSAL SUBMITTED INVOLVES THE FOLLOWING**

☐ ☐ Human Subject Research? IRB Protocol Number:_____ Expiration Date: _____
☐ ☐ Vertebrate Animals? IACUC Protocol Number:_____ Expiration Date: _____
☐ ☐ Recombinant DNA? IBC Registration Number ____ Expiration Date: _____

Applicants may request a deferral to submit a funding proposal without an approved protocol as required by GT policy. Requests must be made in writing to your Contracting Officer who will obtain institutional approval for such action.

***NOTE:** No awards will be accepted without an approved GT protocol in place.*

☐ ☐ Select Agents See list at www.cdc.gov/od/sap/docs/salist.pdf More info: www.cdc.gov/od/sap/
☐ ☐ Biological agents: Check all that apply: ☐ Infectious or pathogenic agent(s) ☐ Human tissues or bodily fluid ☐ Other biological materials
☐ ☐ Physical Agents. Check all that apply: ☐ Chemicals ☐ Sharps ☐ Laser ☐ Radiation ☐ Thermal agent
☐ ☐ Materials Transfer Agreement (MTA)
☐ ☐ Professional Education Program (if yes, please route to DLPE)
☐ ☐ Subaward(s) are proposed
☐ ☐ Teaming Agreement
☐ ☐ Research involves export of info or materials to another country
☐ ☐ Research involves a foreign sponsor or collaborator, or will be performed in whole or in part outside the U.S.
☐ ☐ Contract anticipated to contain restrictions on publication or the use of Foreign Nationals
☐ ☐ Involves the use of pre-existing (background) intellectual property ☐ Georgia Tech's ☐ Third Party's –explain in comments section.
☐ ☐ A member of the research team has a Significant Financial Interest (SFI) related to this project. If "yes," you must complete the Proposal Financial Interest in Research Report within eCOI. https://ecoi.research.gatech.edu.

ROUTING AND APPROVALS FOR COMPLETED PROPOSAL

REQUIRED
1. Principal Investigator/Project Director and Co-Principal Investigator or Co-Investigator (if applicable)

RESPONSIBILITIES
Preparation of technical data and budget.
Obtain all required approvals.

I certify that the information on this form is accurate and complete as of this date. I agree to accept responsibility for scientific and technical conduct of this project and for provisions of required technical reports if a grant or contract is awarded as a result of this application. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and of Georgia Tech as applicable.

I certify that I have read and understand the Institute's conflict of interest policy all required financial disclosures were made; and I will comply with any conditions or restrictions imposed by the Institute to manage, reduce, or eliminate conflicts of interest.

PD/PI Signature Date

Co-Investigator 1 Signature Date

Co-Investigator 2 Signature Date

REQUIRED
2. Lab/School/Center Director*

RESPONSIBILITIES
Approval of Technical and Budgetary Content, Personnel, Equipment, and Space; review of this Proposal Routing Form.

Department/Lead unit
Signature Date

Other department/unit Co-I 1
Signature Date

Other department/unit Co-I 2
Signature Date

SITUATIONAL
3. Dean/Director, GTRI Director, Other*

RESPONSIBILITIES
Approval of Personnel Assignments, Technical and Budgetary Content, Equipment and Space; and Special Considerations listed below.

Check all that apply:
_____ Foreign Sponsor
_____ Cost Sharing/GO-Funds
_____ Other Sponsored Activities
_____ Organizational COI Clause**
_____ Other (specify in Comments)

Dean/Director Signature Date

SITUATIONAL
4. Vice President for Research

RESPONSIBILITIES
Approval of special considerations such as IRB/IACUC/IBBB waivers to submit application prior to Institutional Compliance Approval.

Signature Date

REQUIRED
5. Office of Sponsored Programs (OSP)

RESPONSIBILITIES
General review for compliance with sponsor's requirements, GIT/GTRC/GTARC policies and obligations, budget/contractua requirements. Provide transmittal letter and contract terms; arrange for reproduction, mailing, and internal distribution; maintain official file.

EXPORT REVIEW

Y	N	
_____	_____	Foreign Sponsor
_____	_____	Publication Restriction
_____	_____	Foreign National Delay Restriction
_____	_____	Non Disclosure Agreement
_____	_____	Fundamental Research Exemption (FRE)

Signature Date

SITUATIONAL
6. Executive Vice President For Research

RESPONSIBILITIES
Required if requesting Cost Sharing from the EVPR's office.

Signature Date

* Steps 2 and 3 must be approved by all administrators responsible for personnel, equipment, and space involved.
** For GTRI, organizational Conflict of Interest (COI) clauses require GTRI Business Development Office (BDO) review and approval.

COMMENTS: