

Print Form

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Georgia Regents Research Institute, Inc.
Division of Sponsored Program Administration

For OGC Use Only

Log No. _____

Sequence No. _____

Extramural Grant | Contract Agreement Routing Form

Use to route grant | contract materials to DSPA, Room CJ 3301

Contact P.I. Harley D. Eades IIIMulti-PI/PD Project ☒Emp. ID _____ Office Room # AH-E132Office Phone (706)-667-4543 Office Fax _____

Contact Person _____ Phone _____

College | Unit Hull College of BusinessPrimary Academic Department Hull College of BusinessCenter | Institute N/A**Budget Information**Project Begin 06-01-2017 Project End 06-01-2020Budget Begin 06-01-2017 Budget End 06-01-2020

F&A Rate _____ % Year One All Years

Direct Costs _____ 228,840

F&A (Indirect) Costs _____ 0 68,119

Total Costs _____ 0 296,959

Cost Sharing _____ 0 0

☐ Over the Cap ☐ Other*

*Requires manager's approval

Cost Share Signature/Date _____

Project TitleDisco: A Programming Environment for Discrete Mathematics EducationSubmission Deadline November 2, 2016Umbrella Research Area: 46 OtherResearch Keywords: Please Select One:Please Select One:

List Specific RFA #, RFP #, etc.:

Project Site Summerville Campus Bldg _____ | Room AH E132Sponsor | Agency NSFSponsor City Arlington State VirginiaApplication Type NewIf Revision, Prior Grant/Agency Assignment #: N/AProject Type Research

If Other, Specify _____ Fellow Name _____

Proposal Type Grant

Protocol #:

CERTIFICATIONS**PRINCIPAL INVESTIGATOR**

I certify that the information provided on this form and in the submitted application referenced above is true, complete and accurate to the best of my knowledge. I understand that I may be subject to criminal, civil or administrative penalties should any of the information contained on this form or in the submitted application referenced above be false, fictitious, or include fraudulent statements. I agree to accept responsibility for scientific and technical conduct of the project and for provision of required technical reports if an award results from this application.

Investigator(s) | Project Director(s) Disclosures & Assurances.

The Principal Investigator | Project Director is responsible for obtaining appropriate signatures before the application is sent to Sponsored Program Administration, CJ 3301.

My signature certifies that:

(1) Conflict of Interest

☒ I have read and understand the **Georgia Regents University Conflict of Interest Policy**. My* relationship with the sponsor(s) of this proposed project [does not] warrant the disclosure of Significant Financial Interests.

☒ I have read and understand the **Georgia Regents University Conflict of Interest Policy**. My* relationship with the sponsor(s) of this proposed project [does] warrant the disclosure of Significant Financial Interest. As required by the Georgia Regents University Conflict of Interest policy, I have disclosed to the appropriate party all known Significant Financial Interests that would reasonably appear to be affected by the research for which funding is sought.

*Includes spouse and/or dependent children.

(2) I am not delinquent on any Federal debt;

(3) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency;

(4) I have not and will not lobby any Federal agency on behalf of this award;

(5) I am aware of and agree to abide with GRU's Drug Free Workplace policy;

(6) I agree to abide with GRU's policies regarding Grant, Contract and Consultations, Conduct of Research, Scholarly/Research Records, and Intellectual Property as published in the Faculty Manual;

(7) I agree to be bound by the terms and conditions of the outside grant or contract which supports this proposed activity and, in consideration of the information and facilities made available to me by GRU or the outside sponsor, to assign copyright and patent rights to GHSU in accordance with the terms and conditions of GRU's Intellectual Property Policies.

Select Investigator RolePD/PI Harley D Eades III Typed

Please Select One: _____

Please Select One: _____

Please Select One: _____

Select Approving Manager RolePD/PI's Manager Mark Thompson

Please Select One: _____

Please Select One: _____

Signature

Date 10/28/2016

Additional Signature Page (use only as needed)

Contact P.I. Multi-PI/PD Project <input type="checkbox"/> Emp. ID _____ Office Room # _____ Office Phone _____ Office Fax _____ Contact Person _____ Phone _____ College Unit College of Arts, Humanities & Social Sciences Primary Academic Department Please Select One: _____ Center Institute N/A	Project Title <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Submission Deadline _____ Umbrella Research Area: Please Select One: _____ Research Keywords: Please Select One: _____ List Specific RFA #, RFP #, etc.: _____ Project Site _____ Bldg _____ Room _____ Sponsor Agency _____ Sponsor City _____ State Please Select One: _____ Application Type Please Select One: _____ If Revision, Prior Grant/Agency Assignment #: _____ Project Type Please Select One: _____ If Other, Specify _____ Fellow Name _____ Proposal Type Please Select One: _____ Protocol #: _____																												
Budget Information <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Project Begin _____</td> <td style="width: 15%;">Project _____</td> <td style="width: 15%;">End _____</td> <td style="width: 15%;"></td> </tr> <tr> <td>Budget Begin _____</td> <td>Budget End _____</td> <td></td> <td></td> </tr> <tr> <td>F&A Rate _____ %</td> <td>Year One _____</td> <td>All Years _____</td> <td></td> </tr> <tr> <td>Direct Costs _____</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>F&A (Indirect) Costs _____</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>Total Costs _____</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>Cost Sharing _____</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> </tr> </table> <input type="checkbox"/> Over the Cap <input type="checkbox"/> Other* <small>*Requires manager's approval</small> Cost Share Signature/Date _____	Project Begin _____	Project _____	End _____		Budget Begin _____	Budget End _____			F&A Rate _____ %	Year One _____	All Years _____		Direct Costs _____	0	0		F&A (Indirect) Costs _____	0	0		Total Costs _____	0	0		Cost Sharing _____	0	0		
Project Begin _____	Project _____	End _____																											
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Cost Sharing _____	0	0																											

Select Investigator Role	Typed	Signature	Date
Please Select One: _____			
Please Select One: _____			
Please Select One: _____			
Please Select One: _____			
Select Approving Manager Role			
Please Select One: _____			
Please Select One: _____			

Select Investigator Role Please Select One: _____ Please Select One: _____ Please Select One: _____ Please Select One: _____			
Select Approving Manager Role Please Select One: _____ Please Select One: _____ Please Select One: _____			