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Sequence No. _____

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

Extramural Grant | Contract Agreement Routing Form

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

Contact P.I. Harley D. Eades III

Multi-PI/PD Project ☑

Emp. ID _____ Office Room # AH-E132

Office Phone (706)-667-4543 Office Fax _____

Contact Person _____ Phone _____

College | Unit Hull College of Business

Primary Academic Department Hull College of Business

Center | Institute N/A

Project Title

Disco: A Programming Environment for Discrete Mathematics Education

Submission Deadline November 2, 2016

Umbrella Research Area: 46 Other

Research Keywords: Please Select One:

Please Select One:

List Specific RFA #, RFP #, etc.: _____

Project Site Summerville Campus Bldg | Room AH E132

Sponsor | Agency NSF

Sponsor City Arlington State Virginia

Application Type New

If Revision, Prior Grant/Agency Assignment #: N/A

Project Type Research

If Other, Specify _____ Fellow Name _____

Proposal Type Grant

Protocol #:

Budget Information

Project Begin 06-01-2017 Project End 06-01-2020

Budget 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 _____

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 Role	Typed	Signature	Date
PD/PI	Harley D Eades III		
Please Select One:			
Please Select One:			
Please Select One:			

Select Approving Manager Role			
PD/PI's Manager	Mark Thompson		
Please Select One:			
Please Select One:			

Extramural Grant | Contract Agreement Routing Form, page 2

Project Title

Disco: A Programming Environment for Discrete Mathematics Education

Contact Investigator Harley D Eades III

Protocol # _____

Complete this checklist to facilitate the processing of your application. Contact the Sponsored Program Administration if you have questions about any item listed below (1–2592 phone, 1–6478 fax).

Check the appropriate block for each question. Complete the information requested for each item listed, if applicable.

☐ Yes ☑ No 1) **HUMAN SUBJECTS**, including records, patient derived material or questionnaires?

Human Research Subjects Approval Status

Clinical Trial

☐ Yes ☑ No

IRB File # _____ or WIRB File # (only for Industry Sponsor) _____ Date Approved _____

Attach copy of IRB approval letter and Stamped Informed Consent document.

Project Title must be identical to that submitted to the IRB.

If current project has not been submitted to the IRB, you must submit for the next review cycle.

Completion date of Education Requirement(s) _____

Contact IRB for more information (1–3110). See http://www.gru.edu/research/irboffice/

☐ Yes ☑ No 2) **ANIMAL USE**

Animal Use Approval Status

Approval #_____ Date Approved _____

Attach copy of IACUC approval letter.

If current project has not been submitted to IACUC, you must submit for the next review cycle.

If approved title(s) are different from the title of this application, a memo must be sent to IACUC requesting the addition of the new title and funding source. Include a statement verifying that the procedures in the application are identical to t hose in the approved protocol.

Contact Lab Animal Services for more information (1–3421).

See http://www.gru.edu/research/animal/SProcedures.HTM

☐ Yes ☑ No 3) **BIOLOGICAL MATERIALS**

Indicate highest Biosafety Level containment required for this project: ☐ BSL1 ☐ BSL2 ☐ BSL3

Indicate whether use of any of the following biological agents are proposed in this project:

☐ Recombinant DNA ☐ Select Agent ☐ Toxin of Biological Origin ☐ Blood ☐ Urine ☐ Other

☐ Potentially infectious material (including human -or non-human primate- derived material)

☐ Shipping or Transport of biological or infectious material or anything on dry ice

Institutional Biological Safety Committee (IBC) approval status

IBC Protocol Authorization Number for Research Involving Biologial Materials_____ Date Approved _____

This approval must be specific to this Project. If not, please contact the Biosafety Office (1-2663) or see http://www.gru.edu/services/ehs/biosafe/

☐ Yes ☑ No 4) **CHEMICAL HAZARDS**

- **Institutional Chemical Safety Committee (ICC) Approval**

  ICC PI Authorization # _____ Date Approved _____
- ALL applicants must have an ICC Authorization Number -if chemicals will be used, to submit a research related grant or contract application. If you do not have an ICC number, please contact the Chemical Safety Office (1-2663) or see www.gru.edu/services/ehs/

☐ Yes ☑ No 5) **RADIOACTIVE MATERIALS | RADIATION PRODUCING DEVICES**

Radiation Safety Approval Status

Approval Date _____

The proposed project involves:

☐ Radioactive Materials ☐ Radiation Producing Devices

Contact the Assistant Radiation Safety Officer (-9832)

See http://www.gru.edu/services/ehs/radsafe/

☐ Yes ☑ No 6) Participation by personnel from other institutions or agencies? **If yes**, identify _____

☐ Yes ☑ No 7) Subcontracts to other institutions? **If yes**, identify_____and provide Letter of Intent.

☐ Yes ☑ No 8) Non -clinical studies evaluating the toxicity and/or safety of a product, agent or device? **If yes**, contact the Quality Assurance Unit, Laboratory Animal Services (1-0199).

☐ Yes ☑ No 9) Requirement for additional space or renovation? **If yes**, contact your department/division and provide documentation of approval.

☐ Yes ☑ No 10)Hospital Resources (personnel, facilities, patients, medical records, services, etc.). **If yes**, obtain signature in # 12 below.

11) HOSPITAL APPROVAL

Authorized Signature Date **RDS Approval** Date

Additional Signature Page (use only as needed)

Contact P.I.

Multi-PI/PD Project ☐

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

Budget Information

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

☐ Over the Cap ☐ Other*

*Requires manager's approval

Cost Share Signature/Date _____

Project Title

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 #: _____

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:			
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:		