



PROPOSAL ROUTING FORM

Sponsor Deadline Date: _____ Time: _____ EST

| 1. KEY/SENIOR PERSONNEL | Org/Dept No. | Computing ID | Phone |
|-------------------------|--------------|--------------|-------|
| Principal Investigator | | | |
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| | | | |
| Fiscal Contact | | | |
| Administrative Contact | | | |

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| 2.PROPOSAL DETAILS |
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Proposal Title: _____
Short Title (30 characters): _____ Proposal Type: _____
Proposal Org/Dept No: _____ Award Owning Org/Dept No: _____
Primary Activity Type: _____ This project will occur: ☐ On-Grounds ☐ Off-Grounds
Check all that apply: ☐ Basic Research ☐ Applied Research ☐ Development
☐ Clinical Research ☐ Clinical Trial ☐ Computational
Proposal Period: From: _____ To: _____

| | |
|--------------------------|---|
| 3.SPONSOR DETAILS | <input type="checkbox"/> SBIR <input type="checkbox"/> STTR <input type="checkbox"/> Limited submission opportunity |
|--------------------------|---|

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

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| 4.BUDGET SUMMARY | Cost Share? (See Section 8) <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory <input type="checkbox"/> 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 | | | | | | |

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| COMMENTS |
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| UNIVERSITY APPROVAL |
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| 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 |

6.COMPLIANCE AND OTHER INFORMATION

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|--|------------------------------|-----------------------------|
| 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 |

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| INTELLECTUAL PROPERTY: | |
|------------------------|--|

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|---|------------------------------|-----------------------------|
| 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 |

EXPORT CONTROL:

| | | |
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| 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 |

OTHER INFORMATION:

| | | |
|---|------------------------------|-----------------------------|
| 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

| Principal Investigator & Co-PIs: My signature below certifies that: | | Department Chairs & Deans: My signature below certifies that: | |
|---|-----------------|---|-----------------|
| <ul style="list-style-type: none"> The information submitted within this application is true, complete, and accurate to the best of my knowledge; Any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I acknowledge review of and accept responsibility for the budget submitted. I and the appropriate UVA project investigators have disclosed financial interests in the UVA COI disclosure system (http://www.virginia.edu/vpr/coi/) relative to any sponsor proposal-stage requirements and/or COI policies. I accept responsibility for the scientific conduct and financial oversight of the project, including any required reporting. | | <ul style="list-style-type: none"> I agree to release the designated faculty for the effort levels indicated in the proposed budget. I have communicated with collaborating departments and other key personnel as necessary. Adequate space will be made available for the proposed program. Cost sharing, if included, is reasonable and appropriate. The department or school will provide adequate administrative support. The department or school will assume responsibility for any costs incurred in excess of the amount awarded by the sponsor. | |
| | 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) | |

[illegible][illegible]

| 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 | | | | | | |
| TOTAL DIRECT COSTS | | | | | | |
| OSP Only, F&A (Indirects) | | | | | | |
| TOTAL BUDGET | | | | | | |