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HSU SPONSORED PROGRAMS FOUNDATION
Institutional Routing and Authorization Form

Submission Deadline to Funder _____ (Routing due to SPF no later than 7 business days prior to submission deadline)

PART 1 – INVESTIGATOR INFORMATION

The Principal Investigator (PI) and other faculty and staff named on this grant, agreement, contract or other instrument certifies by signing this routing that 1) They agree to be bound by the terms and conditions of the external grant or contract which supports this proposed activity; 2) They agree to abide by the research policies of the CSU (ICSUAM Section 11000), the University and Sponsored Programs Foundation including scientific misconduct, human subjects, conflict of interest, etc. 3) Their time commitments for this and other externally funded projects do not exceed 125% of time during the academic year per CSU policy, HR 2002-05 (dated 2/19/02); 4) They certify that they are aware of the federal regulations regarding Lobbying and Drug-Free Workplace and will comply as necessary; 5) They have provided prior notification to their Chair and Dean about their intent to prepare this proposal.

A. Principal Investigator / Project Director Name _____

Department _____

Phone Number _____ Email _____

Time Type ☐ Overload _____ Semester ☐ Summer Salary _____ # months ☐ N/A

☐ Release Time _____ % Time / #WTU. If Release Time, please complete and attach:

APPENDIX A: REQUEST FOR FACULTY RELEASE TIME

Conflict of Interest: Does the PI have a financial interest that could affect or be affected by the project?
☐ No ☐ Yes

B. Co-PI name _____

Department _____

Phone Number _____ Email _____

Time Type ☐ Overload _____ Semester ☐ Summer Salary _____ # months ☐ N/A

☐ Release Time _____ % Time / #WTU. If Release Time, please complete and attach:

APPENDIX A: REQUEST FOR FACULTY RELEASE TIME

Conflict of Interest: Does the Co-PI have a financial interest that could affect or be affected by the project?
☐ No ☐ Yes

PART 2 - PROJECT INFORMATION

Total Award Funds Requested _____

Total Cost Share/Committment *(if applicable)* _____

Grand Total *(Requested + Cost Share)* _____

Project Title _____ (30 character limit)

Project Period (Dates within which all expenditures must be made) Begin: _____ End: _____

Brief Project Description:

If you need any assistance in completing this form please contact our office at 707-826-4189

HSU SPONSORED PROGRAMS FOUNDATION
Institutional Routing and Authorization Form

PART 3 - FUNDER INFORMATION

A. Funding Agency or Organization _____

Program Solicitation Title or Number (If Applicable) _____

Award Type: ☐ Grant ☐ Cooperative Agreement _____ ☐ Subcontract (Prime _____)

☐ Contract-Fixed Fee ☐ Contract-Cost Reimbursable

B. Funder's published maximum allowable Indirect Cost (IDC) Rate, if known _____

**** Please attach published rate documentation from funder****

Are you requesting an IDC rate that is lower than the funder's published maximum IDC Rate?

☐ No ☐ Yes If Yes, please attach: **APPENDIX B: IDC WAIVER REQUEST FORM**

C. Does the Funder require mandatory Cost Share/Match?

☐ No ☐ Yes _____ % or $ required

If Yes, please attach: **APPENDIX C: COST SHARE COMMITMENTS**

C. Limited Competition Opportunity ☐ No ☐ Yes

E. Anticipated Intellectual Property, Publishable Work, Copyrights, or Patents?

☐ No ☐ Yes If Yes, please explain _____

_____

F. Hiring student employees?

☐ No ☐ Yes If Yes, list # of Undergraduate _____ Graduate _____

If applicable, indicate description of student activity: (mark all that apply)

☐ Teaching/tutoring ☐ Advising/mentoring ☐ Research/ laboratory work

☐ Internship ☐ Course Credit ☐ Technical, i.e. web development

☐ Clerical/administrative ☐ Community engagement ☐ Field work ☐ Training

G. Participation of Minors

☐ No ☐ Yes If Yes, please explain _____

_____

H. Will your project be purchasing $5,000 (or greater) in goods or services from a single vendor?

☐ No ☐ Yes If Yes, please review the Purchasing Policy

HSU SPONSORED PROGRAMS FOUNDATION
Institutional Routing and Authorization Form

I.Issuing Subcontracts/Subawards/Vendor Agreement ☐ No ☐ Yes

J. Handling of export-controlled materials and/or information ☐ No ☐ Yes

K. Additional insurance coverage (i.e., Certificate of Insurance)

☐ No ☐ Yes If Yes, please explain _____

_____

PART 4 - INSTITUTIONAL APPROVALS:

A.Does this project require a plan for Responsible Conduct in Research (RCR)? ☐ No ☐ Yes

RCR--CITI Training: date completed _____ (Please attach certification of completion.)

B. Does your project involve research on Human Subjects including research development, testing, and evaluation?

☐ No ☐ Yes If Yes, please provide IRB Registration/Protocol Number: _____

C. Does this project include research or other use of vertebrate animals?

☐ No ☐ Yes If Yes, please provide IACU Protocol Number: _____

D. Does this project include items that need approval by the Biosafety Committee?

☐ No ☐ Yes If Yes, please provide BUA Registration/Protocol Number: _____

E. Does this project include research utilizing the Telonicher Marine Lab and/or Coral Sea Vessel?

☐ No ☐ Yes If Yes, please attach correspondence if you already received approval to do so

F. Does this project include activities that require prior institutional approval (e.g., Driving Safety, Health and Safety, Risk Management, International Travel)?

☐ No ☐ Yes If Yes, please explain _____

_____

If proposal includes **International Travel**, approval must be obtained from the President's Office:
By signing, I certify that I have read and complied with the Approving Authority Responsibility section of the HSU travel policy.

Signature	President/President's Designee Name	Date

PART 5 – ATTACH PROPOSAL, INCLUDING SCOPE OF WORK AND TIMELINE

PART 6 – ATTACH BUDGET TEMPLATE

PART 7 – SIGNATURES (See next page)

HSU SPONSORED PROGRAMS FOUNDATION
Institutional Routing and Authorization Form

All routings must be signed off by the designated Pre-Award Specialist prior to obtaining signatures 2-7:

1. Pre-Award Specialist — Print Name _____ Date _____

I have reviewed the request for proposals and verified the Foundation/University is eligible and qualified to administer this project if funded. I have reviewed the budget, scope of work, and letters of commitment (if applicable) submitted by the Principal Investigator and verify all required documents are included with this Institutional Routing and Authorization form.

I have reviewed this routing, all applicable appendices, proposed project narrative/scope of work, and budget. I find this proposal to be acceptable and approve its submission to the funding agency identified in PART 3.

2. Principal Investigator — Print Name _____ Date _____

I have reviewed and agreed to the certifications outlined in Part I and I agree to fulfill all requirements for a grant or contract awarded on the basis of this proposal and will follow Foundation/University administrative policies during the expenditure of funds.

Co-Principal Investigator — Print Name _____ Date _____

3. Department Chair or Supervisor — Print Name _____ Date _____

I have reviewed this proposal for external funding and determined that the proposed project is not in conflict with the assigned duties of the principal investigator, project director or co-PIs or other members of the department/unit who may be affected.

4. College Dean or Director — Print Name _____ Date _____

I have reviewed this proposal for external funding and determined that the proposed project is consistent with educational objectives of the College. The proposed project's total space needs and predictable impact on facilities and instruction have been examined and found acceptable.

5. Sponsored Programs Foundation Director — Print Name _____ Date _____

I have reviewed this proposal for external funding and determined that budgeted costs in the proposal are consistent with Foundation policies, including acceptable reimbursement for direct and indirect costs. Unless otherwise noted, I will negotiate cost and other contract or grant factors with the funding agency on behalf of, and in consultation with, the principal investigator or project director and will provide necessary assistance to the successful completion of the proposed activity.

6. Dean for Research and Sponsored Programs — Print Name _____ Date _____

I have reviewed this proposal for external funding and determined that any health, safety, and risk management implications of this proposal are acceptable. The proposed work involving human or animal subjects has been identified and registered with the appropriate board, or has been reviewed and approved by the appropriate review boards.

7. Vice President for Administrative Affairs — Print Name _____ Date _____

I have reviewed and approve the fiscal aspects of this proposal for funding in compliance with ICSUAM Section 11002.01, California State University – Administration of Grants and Contracts in Support of Externally Funded Research and Sponsored Programs Activities.

APPENDIX A

REQUEST FOR FACULTY RELEASE TIME FORM

HSU SPONSORED PROGRAMS FOUNDATION
Institutional Routing and Authorization Form

APPENDIX B
IDC WAIVER REQUEST FORM

Principal Investigator (PI) _____

PI's E-mail address _____

PI's Phone # _____

Sponsor _____

Project Title _____

Funder's Published maximum allowable IDC Rate _____

Total Funding Requested $ _____

Is this a new project, where no IDC reduction history exists? ☐ No ☐ Yes

JUSTIFICATION
Please indicate below the reasons the University should consider approval of this request and explain how the project will benefit from the reduction in IDC.

****NOTE: Your College Dean may be asked to provide funds to cover the difference between the funder's published rate and any requested reduction in IDC.**

RECOMMENDED BY

_____	_____	_____
Department Chair	Print Name	Date
_____	_____	_____
College Dean	Print Name	Date

( ) APPROVED ( ) DENIED

_____	_____
SPF DIRECTOR	Date

HSU SPONSORED PROGRAMS FOUNDATION
Institutional Routing and Authorization Form

APPENDIX C
COST SHARE COMMITMENTS

BUDGETED COST SHARING AMOUNT								
Cost Sharing Category	**3rd Party Cash***	**3rd Party In-Kind***	**Foregone Indirect Cost**	**University Cash**	**University In-Kind**	**Total Budgeted Cost Sharing**	**Source**	**Authorized Official Signature**
Salaries & Benefits								
Supplies & Services								
Equipment								
Travel								
Other Direct Costs								
IDC								
Total Project Cost Share Amount								

*** PLEASE ATTACH LETTER OF COMMITMENT FROM ANY 3RD PARTY CONTRIBUTOR**

I have reviewed all cost share commitments and have determined that proposed institutional matching funds (cost sharing) will not have an adverse effect on the department/unit's objectives. I have reviewed all cost share commitments and have determined institutional matching funds (cost-sharing) incorporated in this proposal, whether cash or in-kind, reflect an accurate and acceptable contribution to the project, and such matching (cost-sharing) will be documented to meet audit and funding agency standards. I will assist the principal investigator or project director in providing documentation to verify the expenditure of the matching funds, whether cash or in-kind, and will review other expenditures as necessary.

APPROVED BY:

Department Chair	Print Name	Date
College Dean	Print Name	Date