



RESEARCH & SPONSORED
PROGRAMS ADMINISTRATION
LAMAR UNIVERSITY™

Route Sheet for Sponsored Projects or Research Review and Approval
Completed form required.

Submit form to the Office of Research & Sponsored Programs Administration

- | | | |
|--|--|--|
| <input type="checkbox"/> Proposal Submission | <input type="checkbox"/> Express Sponsored Research Agreement | <input type="checkbox"/> Master Research Agreement |
| <input type="checkbox"/> Research Agreement | <input type="checkbox"/> Confidential Non-Disclosure Agreement | <input type="checkbox"/> Testing Agreement |
| <input type="checkbox"/> Resubmission | <input type="checkbox"/> Continuation | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Additional Funds | <input type="checkbox"/> Other: _____ | |

Principal Investigator: _____ Department/Center: _____
Extension: _____ LU Mail Box: _____ E-mail address: _____
Co-Investigator(s): _____ Department/Center: _____
Project Title: _____

Proposed Effective Dates: _____ Duration: _____ yrs./mos.
(Begin) (End)

Internal Submission Deadline to Office of Research and Sponsored Programs Administration: _____

Sponsor's Name: _____

Does this project involve big data or high
computation facilities: ☐ Yes ☐ No

Deadline: _____

Electronic Submission: ☐ Yes ☐ No

International Collaboration: ☐ Yes ☐ No

LAYMAN'S DESCRIPTION OF PROJECT: _____

INTELLECTUAL PROPERTY:

Any proprietary information in the proposal? ☐ Yes ☐ No

If Yes, be sure that the proposal is marked appropriately.

Will any background technology being used? ☐ Yes ☐ No

If Yes, attach an explanation and state to whom it belongs.

PROJECT REQUEST FROM SPONSOR:

First Year Direct Costs: _____

Second Year Direct Costs: _____

Third Year Direct Cost: _____

Total Direct Cost: \$ _____

First Year Indirect Costs: _____

Second Year Indirect Cost: _____

Third Year Indirect Cost: _____

Total Indirect Cost: \$ _____

PROJECT SPACE:

Is space other than current office or lab necessary?

☐ Yes ☐ No

If Yes, identify and attach commitment.

PRIOR INSTITUTIONAL APPROVALS:

☐ Creation of a New Organizational Unit

☐ Creation of a New Degree Program

☐ Alterations to Existing Space

☐ Employment Overload

Attach appropriate University approvals for any of the above.

PROJECT COST SHARING:

Does this project involve cost sharing? ☐ Yes ☐ No

If Yes, indicate source of the commitment.

Dept.	Amount	Acct.	Account Manager Signed Initials
_____	\$ _____	# _____	_____
_____	\$ _____	# _____	_____

ATTACH EACH SIGNED LETTER OF COMMITMENT FROM EACH SOURCE

HUMAN SUBJECTS/SURVEYS

Does this project involve human subjects? ☐ Yes ☐ No

If Yes, approval date _____

If pending, date submitted _____

Does this project contain a survey? ☐ Yes ☐ No

ADMINISTRATIVE (INDIRECT) COSTS:

Does Sponsor allow full indirect costs? ☐ Yes ☐ No If No, maximum
percentage allowed _____.

If No, please attach a copy of the sponsor's written policy.

Approval to charge less than full rate, when allowed, is given by:

Signature of AVP for Research

ANIMALS

Does this project involve the use of animals? ☐ Yes ☐ No

If Yes, approval date _____

If pending, date submitted _____

OTHER SAFETY REVIEWS:

DATE(S) OF APPROVAL _____

ATTACH LETTER(S) OF APPROVAL

SUBRECIPIENT (PASS-THROUGH) AGREEMENT:

Does the proposal involve a subrecipient? ☐ Yes ☐ No

☐ Radiation Safety

☐ On Select Agents

☐ Chemical Safety

☐ Environmental Impact



Route Sheet for Sponsored Projects or Research Review and Approval
Completed form required.
Submit form to the Office of Research & Sponsored Programs Administration

Attach signed offer; detailed scope of work, budget & certifications.

☐ Biosafety (inc. recombinant DNA) ☐ Other

The Funded Work's Activities (scope of work) consists of:

- ☐ Research Only ☐ Instruction Only ☐ Public (Community) Service Only
☐ Other Purposes ☐ Mixed Purposes

RESEARCH ACTIVITY CATEGORIES- Select as many as best describes your project. The selection should be determined by the focus of the research NOT by the investigator's home department.

- _____ Physical Science: Sciences that are concerned with the understanding of the material universe and its phenomena. They comprise the fields of astronomy, chemistry, physics, and physical sciences not elsewhere classified.
- _____ Behavioral Science: Sciences that deal with behavior, mental processes, individual and group characteristics and responsibilities, understanding of the behavior of social institutions and groups of individuals as members of groups. Examples of disciplines within behavioral sciences are as follows: experimental psychology, animal behavior, clinical psychology, comparative psychology, ethnology, social psychology, educational, personal, and vocational psychology and testing, industrial and engineering psychology, development and personality. These also include anthropology, economics, history, linguistics, political sciences, sociology, and law.
- _____ Biological/Medical Science: Life sciences that deal with the origin, development, structure, function, and interaction of living things. Examples are as follows: anatomy, biology, animal sciences: bacteriology, biochemistry, biogeography, biophysics, ecology, embryology, entomology, evolutionary biology, genetics, immunology, microbiology, nutrition and metabolism, parasitology, pathology, physical anthropology, physiology, plant sciences, radiology, and systematics.
- _____ Humanities/Performing Arts: Areas of study such as art, music, history, languages, religion, and other aspects of man's culture and heritage.

INVESTIGATOR(S)'S STATEMENT AND CERTIFICATIONS: Except as covered by written authorization for this project, this application does not obligate the University for funds for additional facilities, equipment, remodeling, extra operating funds, or matching funds, nor for the establishment of new organizations, courses, or programs not previously approved. My signature below certifies that: 1) I am not delinquent on federal debt; 2) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; 3) I have not and will not lobby any federal agency on behalf of this award; 4) I am aware of and agree to abide by the LU Drug Free Workplace policy; 5) I agree to abide by the LU Conflict of Interest policy; 6) 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 the University or the outside sponsor, to assign copyright (where appropriate) and patent rights to the Lamar University in accordance with the terms and conditions stated in the Faculty Handbook; 7) I have read all applicable information and am in compliance with all regulatory requirements related to this proposal. 8. I certify that this proposal is not currently funded through any source and that all other requests for funding for this project have been fully disclosed. 9. I certify the information in all submitted documents for this effort are true and accurate. I have verified all information and certify that it is in no way fraudulent or false.

SIGNATURES AND CREDIT SPLITS

(Please be aware that the investigator signing on Line #1 will be listed as the Principal Investigator and the first Department shown will be assigned administrative and fiscal responsibility. The indication of "credit" will be used to determine distribution of recovered Indirect Costs.)

<u>PI SIGNATURES/ L Number/ Date</u>	<u>Name of Dept./INSTITUTE</u>	<u>% Credit</u>
1. _____	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
2. _____	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
3. _____	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
4. _____	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
5. _____	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
	Name of Dept. _____	% = _____
		TOTAL= 100%



Route Sheet for Sponsored Projects or Research Review and Approval
Completed form required.
Submit form to the Office of Research & Sponsored Programs Administration

DEAN/CHAIR/SUPERVISOR STATEMENT: I certify that I have reviewed this proposal, all supporting documents, the request for proposal/program solicitation, and this Routing Sheet. The Research Program proposed is in keeping with the Divisional/College/Department educational objectives and is beneficial to the University. The Division/College/Department/Center is aware of all project requirements and is committed to providing for them and all project program and fiscal oversight. I certify that the information contained within these submitted documents are true and accurate. I have verified all information and certify that it is in no way fraudulent or false.

DEPARTMENT CHAIRPERSON(S) SIGNATURE(S)

1. _____ Date _____
Signature of Department Chairperson

2. _____ Date _____
Signature of Department Chairperson

DEAN(S) SIGNATURE(S)

1. _____ Date _____
Signature of Dean

2. _____ Date _____
Signature of Dean

Please attach separate sheet if additional signatures are needed.

I have reviewed the proposal against the RFP and based on the certifications provided above by the PI's and Supervisors approve this proposal for submission.

SPONSORED PROGRAMS SIGNATURE

1. _____ Date _____
Signature of Grants & Contracts Staff

By my signature as Lamar University's authorized organizational representative on grant and contract proposals and awards and as the Associate Provost of Research, I commit the University to assuming the obligations imposed by Federal, State, and local laws, regulations, assurances, and compliance certifications, and other sponsor imposed terms.

ASSOCIATE PROVOST FOR RESEARCH SIGNATURE

1. _____ Date _____
Signature for Associate Provost of Research