

**University of North Texas
Office of Research Services
Proposal Routing Form**

Budget Builder and Completed Proposal must be attached

Click [here](#) for form completion instructions

Proposal

For ORS Use Only	
File Number	
PI Last name	

Submission Type	Start Date	End Date	Sponsor Deadline
On campus/Off-campus	Physical Research Location (building, Room)		Deadline Type If Submission by Mail
Sponsor/Prime: _____			
Project Title: _____			
Keywords: _____			

Principal Investigator

Name: _____	Phone: _____	Email: _____
Department: _____	College: _____	

Will any work be subcontracted to an external entity? Yes No

If yes, submit a Subcontract Form with a letter of commitment, scope of work and budget.

Is this proposal a subcontract to another organization? Yes No

If yes, submit a scope of work and [Budget Builder](#).

Research Compliance Approval

	Yes	No	Date Submitted
Human Subjects	<input type="checkbox"/>	<input type="checkbox"/>	_____
Live Vertebrate Animals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Radiation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lasers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Biohazardous Agents and/or Recombinant DNA	<input type="checkbox"/>	<input type="checkbox"/>	_____

Current Conflict of Interest form on file for each investigator? Yes No

Have any PI/Co-PIs had any relationship(s) with the company or other non-academic organizations involved in this project? Yes No

If yes, provide explanation on a separate sheet attached to this form.

Budget Summary

Direct Costs	
Personnel	_____
Non-Personnel	_____
Indirect Costs	
IDC Rate	_____
Indirect Costs	_____
Totals	
Sponsor Total	_____
Cost Sharing	_____
Must attach Signed Cost Sharing Form	
Project Total:	_____

Recognition Distribution and IDC Allocation

#	PI/Co-PI* (Check Box for Joint Appointment)	RD	IDC	Department	RD	IDC	College	RD	IDC
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								
5	<input type="checkbox"/>								
6	<input type="checkbox"/>								
		100%	10%		100%	__%		100%	__%

*All joint appointment departments must be listed and signatures obtained even if recognition for a department is 0%. Recognition Distribution (RD) is the value assigned to the PI/Co-PI as agreed by them and approved by their respective chairs and deans. The Recognition Distribution may be different from the return of IDC. Any IDC allocated to centers or institutes must be explicitly stated on the attached page ([IDC Allocation for Centers](#)). The Recognition Distribution above will be reflected in the awards report. If this section is not accurately completed, the recognition will be evenly distributed. The total percentages of IDC return to the PI's, Departments, Centers/Institutes, and Schools/Colleges cannot exceed 32.5%.

PIs and Co-PIs:

I certify that

- 1) the information in this application is true, complete and accurate to the best of my knowledge;
- 2) all faculty members named in the proposal have read it and agreed to participate at the level of effort indicated and are not debarred from working on federally funded projects as listed on the EPSL Website at: <http://www.epsl.gov>.
- 3) all commitments (space, students, and others) have been reflected on the budget explanation sheet and cost sharing form.
- 4) I have read and understand the UNT Policy and Procedures for responding to allegations of research misconduct.

I further certify that, if awarded,

- 1) this project shall be conducted as specified in the proposal;
- 2) I will accept primary responsibility for the scientific and fiscal administration of the project in compliance with all federal and state regulations and University policies;
- 3) I will provide required progress reports to the sponsor in a timely manner; and
- 4) I will promptly disclose inventions and proprietary information made under this award to the VPR&ED's office.
- 5) I will ensure all student researchers and/or postdoctoral fellows will undergo responsible conduct of research training.

DIRECTOR(S): I certify that I have reviewed this proposal in its entirety and approve all administrative support, faculty assignment(s) and release time, matching commitments, IDC allocations and Recognition Distributions.

CHAIR(S): I certify that I have reviewed this proposal in its entirety and approve all administrative support, faculty assignment(s) and release time, matching commitments, IDC allocations and Recognition Distributions

DEAN(S): I certify that I have reviewed this proposal in its entirety and the eligibility of the PI and Co-PI, and agree with the commitments, Recognition Distributions, IDC rate and allocations made on this proposal.

	PI/Co-PI	Center or Institute Director(s)	Department Chair(s)	Dean(s)
SIGNATURE				
PHONE				
DATE				
SIGNATURE				
PHONE				
DATE				
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PHONE				
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DATE				
SIGNATURE				
PHONE				
DATE				
SIGNATURE				

For ORS Use Only	
File Number	<input type="text"/>
PI Last name	<input type="text"/>

For ORS Use Only	
GO: _____	Date: _____
Pre Award Manager: _____	Date: _____