

Office for Research &
Sponsored Projects Administration

Proposal Routing and Approval Form, ORSPA 300A
This page is required for all proposals. Revised 04/2009

A. PROPOSAL INFORMATION

Proposal Title

Principal/Lead Investigator

Email Address

Phone

Mail Code

Check here if additional investigators and allocations are identified on ORSPA 300B.

Financial/Lead Department

Financial/Lead College

Sponsor

Prime Sponsor or ASU Consortium, if any

B. PROPOSAL TYPE

CHECK ONE ONLY

- Competing Continuation/Renewal*
- Internal Grant
- Limited Submission
- New
- Noncompeting Continuation/Renewal*
- Preproposal
- Revision
- Supplement*

*Agency/Org # _____

C. DELIVERY INFORMATION

Sponsor Deadline Postmark Receipt

Date _____ Time _____

Original copy + _____ copies

Delivery method

- USPS
- Express
- Electronic
- Hand Carried

D. ACTIVITY TYPE

CHECK ONE ONLY

- Academic Support
- Institutional Support
- Instruction
- Operational and Maintenance
- Organized Research
- Other: Noncurrent Plant Fund
- Public Service
- Scholarships and Fellowships
- Student Services

E. NOTICE OF OPPORTUNITY

CHECK ONE ONLY

- Community of Science
- grants.gov _____
- ORSPA Announcement
- Professional Publication
- Program Officer
- Sponsor Web Page/Notification
- Other _____

F. F&A RATES

F&A Rate _____

Applied to: MTDC TDC
Rate Used: On Campus Off Campus

SPO review of sections F and G: _____

H. MAILING LABEL INFORMATION

INDICATE SPONSOR NAME AND ADDRESS FOR MAILING PER GUIDELINES

Name _____

Organization _____

Address _____

City/State/Zip Code _____

Phone _____

Primary Contact Name _____

ORSPA USE ONLY

Date proposal received ready for submission: _____

Site: _____ GCC: _____

SPECIAL PROGRAMS

- Standard
- ARRA (recovery funding)

CONFIRM DELIVERY METHOD

- USPS
- Express
- Electronic
- Hand Delivery

GCC _____ Date _____

Sponsor's Proposal ID _____

Proposal Fastener: Staple Binder Clip
Subcontract in ASU budget? Yes No
Subfederal Yes No

SPECIAL HANDLING

- Strategic Initiative
- Umbrella Agreement - List below.

G. F&A RECOVERY

- Full Recovery
- Agency Limitation, attach agency policy.

Recovery Agency/Org # _____

- OVPREA Waiver of Recovery, attach justification, OVPREA signature required.

SPONSOR TYPE

- Federal
- Foreign: Foundation
- Foreign: Government
- Foreign: Industry
- Foreign: Other
- Indian Tribal Government
- Local: AZ Government
- Local: AZ School District
- Private: Foundation (Corporation)
- Private: Foundation (Private)
- Private: Individual
- Private: Industry
- Private: Non-AZ State/Local Agency
- Private: Non-AZ University
- Private: Organization
- State: AZ State Government

A21 _____ NACUBO _____

NSF Code _____

#sig pages _____

Office for Research & Sponsored Projects Administration

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A. PROPOSAL INFORMATION

Proposal Title

Principal/Lead Investigator

Sponsor

I. FUNDS AND TIME

INITIAL FUNDING PERIOD - YEAR 1

Start _____ End _____

Total Direct Costs _____

Total F&A Costs _____

Total Funds _____

TOTAL PERIOD - CUMULATIVE FOR ALL YEARS

Start _____ End _____

Total Direct Costs _____

Total F&A Costs _____

Total Funds _____

J. SPECIAL REVIEWS

Check all that apply and attach the ORSPA form indicated.

- Human Subjects (ORSPA 300E)
- Laboratory Animals (ORSPA 300E)
- Radiation Safety (ORSPA 300E)
- Participation by Foreign Nationals (ORSPA 300E)
- Publication Restrictions (ITAR) (ORSPA 300E)
- Scientific Diving (ORSPA 300E)
- Biological Materials (ORSPA 300E)
- Laboratory Registration (ORSPA 300E)
- American Indian Studies (ORSPA 300E)
- Hazards (ORSPA 300E)
- CAS Exception (ORSPA 315)
- Cost Sharing or Matching Funds (ORSPA 305)
- Supplemental Pay (ORSPA 310)

INTELLECTUAL PROPERTY

If yes to any question, route this form to Arizona Technology Enterprises for additional signature.

Has an invention disclosure on any new invention, process or discovery from work in the scope of this project ever been filed?

No Yes, Case # _____

Has the technology that will be used in the scope of this project ever been licensed to any party?

No Yes

License #(s) _____

New ASU investigators: Is there a license agreement for any incoming intellectual property?

No Yes

License #(s) _____

AZTE Signature _____

K. SCIENCE CODES

ENTER AS MANY AS APPLICABLE. Look up science codes at <http://researchadmin.asu.edu/>.

L. PRINCIPAL INVESTIGATOR SIGNATURE

My signature certifies that:

1. The information contained on this form and the corresponding proposal is accurate and complete.
2. The submission of this form without an accompanying Cost Sharing Requirements and Approvals, ORSPA 305 form indicates that all necessary resources are included in the proposal and supporting budget documents and that I do not expect ASU to share in any additional costs.
3. If an award is made, I am responsible for compliance with award terms and conditions and university policies and procedures; particularly for the technical conduct of the work, submission of technical reports, regulatory compliance and financial management.
4. I am aware of federal requirements on lobbying, am in compliance and have disclosed any lobbying activity.
5. I am NOT debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency.
6. I am NOT aware of potential sponsor publishing restrictions or sponsor requirements or patent rights which are in violation of Board of Regents policies identified in RSP 604, Intellectual Property Management Implementation Policy; RSP 404, Classified Research and RSP 405, Proprietary Research.
7. I am NOT delinquent on any federal debt, such as taxes, student loans, etc.
8. Is adequate space available for this project? Yes No If no, complete and submit the Request for Space and Justification Form to the University Architect.

PI Signature X

Date _____

M. FINANCIAL/LEAD UNIT AND ADDITIONAL SIGNATURES

ALL CHAIRS, UNIT DIRECTORS AND DEANS INVOLVED MUST SIGN

My signature certifies that I have reviewed this proposal and all accompanying forms. The department, program, college and/or unit is aware of all requirements of this project and is committed to providing them, and agrees with any allocation of recognition, RID, and/or IIA except as noted.

Chair/Director _____

Date _____

Print Name _____

Dean _____

Date _____

Print Name _____

Additional Signature _____

Date _____

Print Name _____

Additional Signature _____

Date _____

Print Name _____

N. ORSPA SIGNATURE AND COMMENTS

My signature certifies that I have reviewed this proposal and all accompanying forms.

SPO Signature _____

Date _____

Office for Research & Sponsored Projects Administration

Additional Investigators and Allocations Form, ORSPA 300B
This page is used when necessary.

A. PROPOSAL INFORMATION

Proposal Title

Principal/Lead Investigator

Sponsor

C. INVESTIGATOR SIGNATURES

My signature certifies that:

1. The information contained on this form and the corresponding proposal is accurate and complete.
2. The submission of this form without an accompanying Cost Sharing Requirements Approval Form, ORSPA 305, indicates that all necessary resources are included in the proposal and supporting budget documents and that I do not expect ASU to share in any additional costs.
3. If an award is made, I am responsible for compliance with award terms and conditions and university policies and procedures; particularly for the technical conduct of the work, submission of technical reports, regulatory compliance and financial management.
4. I am aware of federal requirements on lobbying, am in compliance and have disclosed any lobbying activity.
5. I am NOT debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency.
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_____	_____
Date	Date
_____	_____
Date	Date
_____	_____
Date	Date
_____	_____
Date	Date

D. CHAIRS, DIRECTORS AND DEANS

ALL CHAIRS, UNIT DIRECTORS AND DEANS INVOLVED MUST SIGN

My signature certifies that I have reviewed this proposal and all accompanying forms. The department, program, college and/or unit is aware of all requirements of this project and is committed to providing them, and agrees with any allocation of recognition, RID, and/or IIA except as noted.

_____	_____
Date	Date
_____	_____
Title/Department	Title/Department
_____	_____
Date	Date
_____	_____
Title/Department	Title/Department
_____	_____
Date	Date
_____	_____
Title/Department	Title/Department
_____	_____
Date	Date
_____	_____
Title/Department	Title/Department

Office for Research & Sponsored Projects Administration

Objectivity in Research Form, ORSPA 300C
This page is required for all proposals.

A. PROPOSAL INFORMATION

Proposal Title

Principal/Lead Investigator

Sponsor

B. FINANCIAL DISCLOSURE

FOR EACH INVESTIGATOR, CHECK ONE OPTION ONLY. SIGNATURE IS REQUIRED. Each investigator responsible for the design, conduct or performance of a sponsored project, as described in this proposal, must have a current Annual Objectivity in Research Questionnaire on file with the Office for Research and Sponsored Projects Administration.

Lead PI

I confirm that I will comply with RSP 206 and ACD 204-08 and I certify that:

No significant financial interests related to this proposal exist and there are no material changes to the information described in my annual disclosure.

A financial conflict of interest related to this proposal exists and is disclosed on the Investigator's Disclosure of Financial Interest which has been submitted separately. I understand that no funds can be expended if an award is made as a result of this proposal until all identified conflicts have been institutionally managed or eliminated.

X _____ Date

I confirm that I will comply with RSP 206 and ACD 204-08 and I certify that:

No significant financial interests related to this proposal exist and there are no material changes to the information described in my annual disclosure.

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X _____ Date

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X _____ Date

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A financial conflict of interest related to this proposal exists and is disclosed on the Investigator's Disclosure of Financial Interest which has been submitted separately. I understand that no funds can be expended if an award is made as a result of this proposal until all identified conflicts have been institutionally managed or eliminated.

X _____ Date

Office for Research & Sponsored Projects Administration

External Collaborators & Space Form, ORSPA 300D
This form is required when external collaborators are involved in the project.

A. PROPOSAL INFORMATION

Proposal Title

Principal/Lead Investigator

Sponsor

B. EXTERNAL COLLABORATORS

USE ONE ENTRY FOR EACH COLLABORATOR OR ENTITY.
Check all roles that apply.

Collaborator _____

Entity Name _____

State/Country _____

- Consultant
- External Investigator
- Subrecipient
- Partner
- Joint appointment with ASU

Other _____

Collaborator _____

Entity Name _____

State/Country _____

- Consultant
- External Investigator
- Subrecipient
- Partner
- Joint appointment with ASU

Other _____

Collaborator _____

Entity Name _____

State/Country _____

- Consultant
- External Investigator
- Subrecipient
- Partner
- Joint appointment with ASU

Other _____

Collaborator _____

Entity Name _____

State/Country _____

- Consultant
- External Investigator
- Subrecipient
- Partner
- Joint appointment with ASU

Other _____

Collaborator _____

Entity Name _____

State/Country _____

- Consultant
- External Investigator
- Subrecipient
- Partner
- Joint appointment with ASU

Other _____

Collaborator _____

Entity Name _____

State/Country _____

- Consultant
- External Investigator
- Subrecipient
- Partner
- Joint appointment with ASU

Other _____

Collaborator _____

Entity Name _____

State/Country _____

- Consultant
- External Investigator
- Subrecipient
- Partner
- Joint appointment with ASU

Other _____

Collaborator _____

Entity Name _____

State/Country _____

- Consultant
- External Investigator
- Subrecipient
- Partner
- Joint appointment with ASU

Other _____

C. SPACE

COMPLETE THIS SECTION IF ADEQUATE SPACE IS NOT AVAILABLE FOR THIS PROJECT.

Total square footage required _____

Offices - how many? _____

- Wet laboratory
- Dry laboratory

Other _____

Number of occupants _____

Approx. duration of occupancy _____

Approx. date of occupancy _____

Will available space require renovations?

- Yes
- No

Will non-ASU space have to be rented?

- Yes
- No

Office for Research & Sponsored Projects Administration

Responsible Conduct Special Review Form, ORSPA 300E
This page is required if indicated in ORSPA 300A, Section J. Revised 10/2009

A. PROPOSAL INFORMATION

Proposal Title

Principal/Lead Investigator

Sponsor

B. HUMAN SUBJECTS

University policy provides that no research involving participation of human subjects or laboratory animals may begin nor may funds be expended prior to the authorization by the responsible university committee.

- PENDING, JUST-IN-TIME**
Protocols and approvals may be submitted to the appropriate committee "just-in-time" for all sponsors who do not require protocol approval at the time of proposal submission.
- PROTOCOL REQUIRED**
When sponsors require an approved protocol at the time of submission, the approval number and date must be included on this form.

Protocol Number _____

Approval Date _____

C. LABORATORY ANIMALS

University policy provides that no research involving participation of human subjects or laboratory animals may begin nor may funds be expended prior to the authorization by the responsible university committee.

- PENDING, JUST-IN-TIME**
Protocols and approvals may be submitted to the appropriate committee "just-in-time" for all sponsors who do not require protocol approval at the time of proposal submission.
- PROTOCOL REQUIRED**
When sponsors require an approved protocol at the time of submission, the approval number and date must be included on this form.

Protocol Number _____

Approval Date _____

D. BIOLOGICAL AND CHEMICAL MATERIALS

Use of biological materials listed requires Institutional Biosafety Committee approval. If this project will be covered by an existing IBC approval, provide the number below. If a Material Safety Data Sheet (MSDS) exists for any substances used in this work, check the chemical box in the Hazards section and provide details in Section J.

Disclosure Number _____

Approval Date _____

- Recombinant DNA
- Viral DNA
- Select Agents or Toxins

D. BIOLOGICAL AND CHEMICAL MATERIALS (Continued)

- Infectious Agents
- Biohazardous Agent
- Human Blood, Blood Products or Blood Borne Pathogens, Human Tissue, Human Samples, or Human Cell Lines

HAZARDS

See EHS 104 and EHS 401. Or contact Environmental Health and Safety office at 5-1823.

- Chemical
- Chemical Waste

E. LABORATORY REGISTRATION

University policy requires that each laboratory utilizing potentially hazardous materials register the laboratory with EH&S, complete a chemical inventory and require laboratory personnel to complete required training. To register a laboratory, obtain more information or to request assistance, please see the Laboratory Safety web page available at http://uabf.asu.edu/ehs_labsafety or contact EH&S at 5-1823 or EHS@asu.edu.

Laboratory Registration Number _____

Registration Date _____

Building Name _____

Room _____

F. RADIATION SAFETY

List all radiation generating materials, equipment and lasers in Section J.

- Radioactive Materials
- Ionizing Radiation Generating Equipment or Lasers

G. SCIENTIFIC DIVING

- Scientific Diving
See RSP 207, Standards for Scientific Diving

H. RESTRICTIONS, FOREIGN SHIPMENTS, TRAVEL & FUNDAMENTAL RESEARCH

- FOREIGN NATIONAL RESTRICTIONS**
If the sponsor restricts participation of foreign nationals or participation is expected from an embargoed country (Cuba, Iran, Syria, Sudan, N. Korea), please contact the Office of Research Integrity (ORIA) at 727-0870 for guidance.
- PUBLICATION RESTRICTIONS**
Publication restrictions beyond those intended to protect proprietary and intellectual property rights may require compliance with federal export laws. Contact ORIA @ 7-0870 for guidance.

H. RESTRICTIONS, FOREIGN SHIPMENTS, TRAVEL & FUNDAMENTAL RESEARCH (Continued)

- TRANSMISSION OR SHIPMENT ABROAD**
Physical items or technical data will be electronically transmitted or shipped to a foreign country. Contact the ORIA at 7-0870 for guidance.
- FOREIGN TRAVEL**
This project involves sponsor or university funded foreign travel. This may trigger export controls if hand carrying export controlled items (e.g. .laptops, GPS, technical data, etc.) to any foreign country or travel to an embargoed country. Contact ORIA at 7-0870 for guidance.
- FUNDAMENTAL RESEARCH**
This research meets the fundamental research definition as: basic or applied research in the sciences or engineering where the results are shared broadly within the scientific community or become public domain. There are no proprietary restrictions for disclosure or release of the research results.

I. AMERICAN INDIAN RESEARCH or STUDIES

List tribes:

J. COMMENTS