



OFFICE OF SPONSORED PROGRAMS
INTERNAL ROUTING & CERTIFICATION FORM

CMU PROPOSAL NUMBER
CMU-
To be completed by OSP

PART I: PROJECT INFORMATION

Principal Investigator/Project Director:		700#:		
Department:		Campus Phone:		
Campus Email:				
Co-PI/PD 1:		CO-PI/PD 1 Department:		
Co-PI/PD 2:		CO-PI/PD 2 Department:		
Project Title:				
Sponsor/Funding Agency:				
Sponsor Contact Information (name, phone, email, etc):				
Sponsor Type:		ALN, if listed on RFP:		
Proposal Submission Deadline:		Project Start Date:	Project End Date:	
Award Type:		Work Site:	Proposal Type:	
Project Type (select all that apply):			Current ORGN: (if not new)	
<input type="checkbox"/> Instruction/Training	<input type="checkbox"/> Research	<input type="checkbox"/> Public Service		<input type="checkbox"/> Institutional Support
<input type="checkbox"/> Academic Support	<input type="checkbox"/> Student Support	<input type="checkbox"/> Scholarships		<input type="checkbox"/> Facilities/Equipment

PART II: BUDGET INFORMATION

Indirect Cost Information:	Period	Direct \$	Indirect \$	Total \$	Cost Share \$
<input type="checkbox"/> Applicable Federal Rate _____	Year 1				
<input type="checkbox"/> Sponsor Restricted Rate _____	Year 2				
<input type="checkbox"/> Other Rate _____	Year 3				
<input type="checkbox"/> IDC Not Allowed by Sponsor	Year 4				
University Cost Share:	Year 5				
<input type="checkbox"/> Mandatory <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> N/A	Total				
	Yes	No			
Is a waiver being requested for all or part of allowable indirect costs?	<input type="checkbox"/>	<input type="checkbox"/>	Please explain if there is an IDC waiver request:		
Is participant support included in budget?	<input type="checkbox"/>	<input type="checkbox"/>			
Is equipment >\$5,000 included in budget?	<input type="checkbox"/>	<input type="checkbox"/>	Location for purchased equipment:		
Are sub-awards included in budget?	<input type="checkbox"/>	<input type="checkbox"/>	Number of sub-awards:		
Is faculty salary included in budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Buy-out <input type="checkbox"/> 0.8 FTE/Other <input type="checkbox"/> Summer		

PART III: COMPLIANCE

Project Involves: Human Subjects Animal Subjects Bio-Hazards Recombinant DNA Radiation None

If yes to any of the questions below, contact OSP@coloradomesa.edu:

	PI/PD	Co-PI/PD 1	Co-PI/PD 2
Will/do you or any member of your household benefit in cash exceeding \$5,000 a year from or own more than 5% of the voting stock/controlling interest in the above sponsor?	Y N	Y N	Y N
Are you/anyone in your household affiliated with the above sponsor or with an external agency in any way that will hinder your abilities to fulfill obligations to CMU, its students, or your colleagues?	Y N	Y N	Y N
Will you/anyone in your household be determining eligibility for grant-funded scholarships?	Y N	Y N	Y N

PART IV: APPROVALS

By signing, if awarded, I accept responsibility for the design, execution, and management of this project. I have provided complete disclosure of any financial interests that present an actual or potential conflict of interest. I will ensure adherence to all University and Sponsored Program policies/requirements, as well as all federal, state, and agency requirements related to the project.

PI/PD:	Co-PI/PD 1:	Co-PI/PD 2:
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By signing, I certify that the project/program's purpose is in keeping with Colorado Mesa University's educational objectives and is within the established role and scope of this institution. Facilities and other department support/resources necessary to complete the proposed project are available in the event an award is made.

Department Head/Director:	<input type="checkbox"/> Includes approval of Direct CMU Cost Share <input type="checkbox"/> N/A
Human Subjects (IRB) Approval:	<input type="checkbox"/> N/A
Animal Care & Use (IACUC) Approval:	<input type="checkbox"/> N/A
NSF/PHS Conflict of Interest Approval:	<input type="checkbox"/> N/A