



## Internal Routing & Proposal Certification Form

CMU Proposal Number  
CMU –  
*To be completed by OSP*

Current ORGN# (if  
applicable)

### PART I: PROJECT INFORMATION

Principal Investigator/Project Director:

700#:

Department:

Campus Phone:

Campus Email

Co-PI/PD 1:

N/A

Department:

Campus Email:

Campus Phone:

Co-PI/PD 2:

N/A

Department:

Campus Email:

Campus Phone:

Project Title:

Sponsor/Funding Agency (no acronyms):

Sponsor Type:

ALN (CFDA#) if listed:

Proposal Deadline:

Projected Start Date:

Projected Duration (months):

Award Type:

Work Site:

Proposal Type:

Project Type (select all that apply):

Instruction/Training

Research

Public Service

Institutional Support

Academic Support

Student Support

Scholarships

Facilities/Equipment

### PART II: BUDGET INFORMATION

#### Part II.I Indirect Cost (IDC) Information

Indirect Cost Type (select one):

CMU's Federal Rate:

40% (On-Campus)

8% (Off-Campus)

Sponsor Restricted Rate:

IDCs Not Allowed by Sponsor

Are indirect costs being waived?

Yes

No

Has a waiver been completed and approved?

Yes

No

\*\*\*For a proposal to be submitted with an alternate rate, the waiver **must be approved prior to submission.**

#### Part II.II Faculty and Staff Salary

Faculty/Staff Compensation Type (select all that apply):

No faculty or staff salary has been requested (summer salary, course buyout, etc.) for **any** CMU employees

Course Buyout:

Number of Credits Per Semester:

Total Semesters:

Summer Salary:

Total Months Requested:

Above and Beyond Stipend:

Total Amount Requested:

Other:

Please Describe:

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*Part II.III Budget Table*

<b>Year 1:</b> <ul style="list-style-type: none"><li>• Direct:</li><li>• Indirect:</li><li>• Cost Share:</li><li>• Total:</li></ul>	<b>Year 2:</b> <ul style="list-style-type: none"><li>• Direct:</li><li>• Indirect:</li><li>• Cost Share:</li><li>• Total:</li></ul>	<b>Year 3:</b> <ul style="list-style-type: none"><li>• Direct:</li><li>• Indirect:</li><li>• Cost Share:</li><li>• Total:</li></ul>
<b>Year 4:</b> <ul style="list-style-type: none"><li>• Direct:</li><li>• Indirect:</li><li>• Cost Share:</li><li>• Total:</li></ul>	<b>Year 5:</b> <ul style="list-style-type: none"><li>• Direct:</li><li>• Indirect:</li><li>• Cost Share:</li><li>• Total:</li></ul>	<b>Notes:</b>

*Part II.IV Detailed Budget Information*

<b>Is there participant support (scholarships, student travel, etc.) included in the budget?</b>	Yes	No
<b>Is equipment &gt;\$5,000 included in the budget?</b>	Yes	No
<b>If yes, where will it be located?</b>		
<b>Is there a cost share/match or in-kind contribution required?</b>	Yes	No
Cost Share/Match	In-Kind	Received Approval: Yes No
<i>*If approval has been received, please email OSP a copy</i>		

**PART III: COMPLIANCE INFORMATION**

*Part III.I Research*

**Does your project include any of the following?**

Human Subjects	Animal Subjects	Bio-Hazards	Recombinant DNA	Radiation
N/A – Select this option if your project has no research (i.e., student scholarships)				

*Part III.II Subawards*

**Are they any subawards?** Yes No

**If yes, please list them:**

**Have they all completed a CMU Subaward Commitment Form?** Yes No

*Part III.III Other Personnel*

**Please list all other personnel at CMU and other organizations involved below. Include their email.**

**CONTINUE TO NEXT PAGE**



Part III.IV Conflict of Interest

If **any** CMU team member is contributing to the project in a **meaningful and measurable** way, please ensure they review and answer the following conflict of interest questions. Contact OSP if anyone answers 'Yes' to the following.

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?

Yes

No

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?

Yes

No

Will you/anyone in your household be determining eligibility for grant-funded scholarships?

Yes

No

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:

I certify that this project's purpose aligns with CMU's educational objectives and is within the established role/scope of the institution. Facilities and other department support/resources necessary to complete the proposed project are available in the event an award is made. I understand that overspending and/or unallowable expenses may be charged to my department.

Department Head/Director:

Includes approval of Direct CMU Cost Share

N/A

Approved: Yes

No

Director of OSP:

\*Provost:

N/A

Human Subjects (IRB) Approval:

N/A

Animal Care & Use (IACUC) Approval:

N/A

NSF/PHS Conflict of Interest Approval:

N/A

*\*Provost approval is on a case-by-case basis and determined by the Director of OSP*