

INTERNAL ROUTING FORM (IRF)

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PROPOSAL INFORMATION

Project Title:"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Sponsoring Agency: "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Funding Opportunity Number:"'aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Funding Type:"'aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
UCC is<"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Project Performance Site(s):"*P co g"cpf "Nqecvkqp+"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
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INVESTIGATOR INFORMATION "
This project is a Multiple PI? aaaaaa'[gu'"'aaaaaa''P q
Principal Investigator/Director: "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Go ckr≮"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Remember: 15% Effort must be reserved for institutional duties; commitment of more 85% of effort to research requires prior approval from the President through OADRGS.
PI/PD Other Support:
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How will commitment overlaps be resolved (if any):			
Co-PI/PD Name:	Institution:	%Effort:	
Key Personnel: Name:		Require Subaward:	
Name: Institution:		Require Subaward:	
Name: Institution:		Require Subaward:	
Project Summary: (Maximum 500 words) Please attach	a Project Summary		
External Relationships: Please identify and describe any	y external relationships or a		
•YesNo Sub-contracts, sub-awards, commitmen			
•YesNo Letters of Support/Commitment/Collab	oration (Specify):		
•YesNo Memorandum of Agreement/Understan			
•YesNo Foreign Component (Travel, Collaborat	tion, Consultant, Publication) (Specify):	
Executive Order 12372 Review:			
Is the application subject to review by state executive orde	er 12372 process?Y	vesNo	
Peer-Review:			
This proposal has been peer-rewiewed? (Internal or Extern	nal) <u>Yes</u> No)	
REGULATORY	REQUIREMENTS		
Does the project involve any of the following?			
Radioactive: Yes No			
Controlled Substances (II to V): Yes No. I	f yes, please specify:		
Human Subjects	A	nimal Subjects	
IRB Approval Date:	IACUC Approval Da	te:	
IRB Number:	IACUC Number:		
Approval Pending IRB Reciprocity	Approval Pending		

Biosafety	Chemical Hazards			
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*Please note that copies of approval documents will be required if an award is made.				
PROJECT REQU	IREMENTS			
The details must be explained if one or more items from the re	equirements sections are selected.			
Infrastructure Requirement:				
NoYes Will alterations, renovations, or additional spa	ace be required?			
NoYes Does this project require the purchase of a network-connected device other than a computer or printer?				
NoYes Does the sponsor imposes restrictions on publishing research results?				
	_			
NoYes Does this project require special security cons	siderations (confident research, security clearance, control			
substances, etc.)				
Economic Commitment:	avinment costing more than \$5,0002			
i es will you need to purchase a single piece of e	equipment costing more than \$5,000?			
NoYes Cost Sharing or Matching Funds Required?				
NoYes Are indirect costs formally limited by Sponsor? Limit to:% Base:				
NoYes Includes Institutional Commitments?				
NoYes Will Institutional Funds be used to support a portion of this project?				
NoYes Included continuing obligations after the award period?				

 $\begin{array}{l} \textbf{Research Facilities:} \quad J \ cxg'' \{qw' wkn \ gf \ cp \ qh' \ gug' tgugctej \ hcekn \ kgu' \ q'' i \ gpgtc \ y'' tgn \ kpct \ f \ cvc'' \ hqt'' \ y' \ ku'' cr r \ nec \ qp. \ qt'' \ f \ q'' \ qw'' r \ pp \ qv \ y'' \ tgn \ kpct \ f \ cvc'' \ hqt'' \ y' \ ku'' cr r \ nec \ qp \ qt'' \ f \ q'' \ qw'' r \ pp \ qt'' \ q'' \ tgn \ qt''' \ f \ q'' \ qt''' \ qt''' \ qt''' \ qt'' \ qt'' \ qt'' \ qt''' \ qt''' \ qt'' \ qt''' \ qt'' \ qt''$

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BUDGET INFORMATION

Please attach: Fiscal Year 1 Detailed Budget and Justification

If the detailed budget and justification are not included, the IRF will not be processed.

	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
Fktgev'Equv'Tgs wguvgf *"						
Kopf ktgev'Equv'Tgs wguvgf,, "						
Vqvcn'						
Indirect Cost Rate						

, Rrgcug'make sure that tax charges are included in the budget.

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Note: Request the certification of your base salary from the Human Resources Office before submission.

Program Director/Principal Investigator, Individual Fellowship and Sponsor Assurance

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- 4+Vj cv'cp{ "hcnug."hkevkskqwu."qt "htcwf wrgpv'uvcvgo gpvu"qt "encko u"o c{ "uvdlgev"o g."cu RK'vq"etko kpcn 'ekxkn"qt 'cf o kpkuvtcvkxg"r gpcnkgu0
- 5+Cu'RKIRF. 'Kci tgg'\q'ceegr v'tgur qpukdktkv{ 'hqt'\j g'\uekgp\khke''eqpf vev'qh'\j g''r tqlgev cpf 'y km'r tqxkf g'\j g'tgs vktgf 'r tqi tguu'tgr qtvu'kh'c'i tcpv'ku''cy ctf gf 0

Title of the Project:"	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
PD/PI Name: "	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Signature:""' "	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Date: "	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

APPROVALS

PI/PD: Vj ku"ku"vq"egtvkh{"vj cv"vj g"hqmqy kpi "uvcvgo gpvu"ctg"vtvg"tgi ctfkpi "vj g"uvdo kvgf "hqto "cpf "eqttgur qpfkpi crrnkecvkqp<			
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Department Chair or Director: [qwt"uki pcwtg"qp"yj ku"KTH"kpf kecvgu"{qwt"tgxkgy "cpf"crrtqxcn"qh"yj g"ceeqorcp{kpi" crrnkecvkqp0'Hwtyj gtoqtg." kv"uki pkhkgu" {qwt"y knkpi pguu" vq"eqpf wev" yj g"yqtn"kp" {qwt"fgrctvogpv" wukpi "yj g"urgekhkgf" tguqwtegu"qwwkpgf" kp"yj g"tqwkpi "hqto" cpf"crrnkecvkqp." uj qwrf" cp"cyctf" dg"i tcpvgf 0""			
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Office of the Associate Dean for Research and Graduate Studies

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Comments: