

OKLAHOMA STATE UNIVERSITY
Routing Sheet for CHS

Part 1 Date _____
 Routing Action _____
 Source of Funding _____

Requires Official Signature # to be signed _____ **Primary Routing #** _____
 Requires Notarization _____ Other Routing #'s _____
 Requires Other Signature Who _____
 Prepared by: _____ PH # _____ **DATE NEEDED BY** _____

Flow-Thru Funding Source _____ Begin Date _____ End Date _____
 Amount Requested \$ _____ Project Title _____
 Amount Awarded \$ _____ Sponsor Name _____ Reference # _____
 COA/FC # _____ Project # _____ CFDA # _____ Research Type: Applied Basic Developmental Reset /NA *(Required for RS routings.)*

Part 2 Financial Information (Attach documentation as necessary.)

Cost Share Details/Documentation Waived F&A Documentation VPR Cost Share Form
 Is recovery of F&A limited: _____ If "yes", % allowed: _____
 Amt & % F&A WAIVED \$ _____ % _____
 Amt & % F&A RECEIVED \$ _____ % _____
 Is Subcontractor(s) requested: _____ If "yes", \$ _____
 Equipment budgeted: Sponsor \$ _____ OSU \$ _____
 GRA Tuition: _____ Amount \$: _____
 Other F&A exempt costs: _____ If "yes", \$: _____
 Are there CAS exceptions: _____
COST SHARE: Is Cost Sharing required: _____ If "yes", what % _____
 Third Party Cost Share: _____ If "yes", \$: _____
 VPR Cost Share REQUESTED _____ If "yes", attach required form.
 Total Direct Cost Share: _____
 F&A on Direct Cost Share: _____
 Sponsor Waived F&A: _____
TOTAL COST SHARE: _____
 Cost Share FOAPAL # (s): _____

Part 3 Compliance Information (PI must complete all applicable questions.)

No Yes Human Subjects Expires on _____ IRB # _____
 No Yes Animal Use Expires on _____ IACUC# _____
 No Yes Recombinant DNA Expires on _____ IBC# _____
 No Yes Infectious Agents, Toxins, Prions Expires on _____ IBC# _____
 No Yes Radioactive Materials/ X-ray Devices Approved _____ Appl# _____
 No Yes Laser Safety Inspection (Class 3b & 4) Approved _____ Address _____
 No Yes Does sponsor reference FISMA or FISMA-like language or CUI?
 No Yes Can this funding be linked back to EPSCoR \$\$\$ - directly or indirectly?
 No Yes Will this project need resources from the HPCC?
 No Yes Involves CLASSIFIED information:
 No Yes Space is available for this project: Where _____ Rm# _____
 No Yes Are space alterations requested?
 No Yes Have EAR/ITAR regs been reviewed? Export Control Review Form Attached
 No Yes Do you or will you have foreign nationals involved with your research?
 No Yes International travel? If "yes", where: _____
 Is this an SBIR/STTR project: Neither SBIR STTR
 Is there confidential information: None In Out Both
 Has Conf. Agreement/NDA been signed? No Pending Yes Date Signed: _____
 Has an MTA been signed? No Pending Yes Date Signed: _____
 Financial Conflict of Interest filed: Date _____ Updates/Changes? No Yes
 Does a conflict exist? No Yes If "yes", : Pending OR Resolved Certified for NIH
 Is OSU Faculty/A&P Overload pay requested: _____
 If "yes", APPROVED BY: Provost & Sr. Vice President

Part 4 Comments & Special Information: Specify reasons and/or purpose for routing to include budget changes, no cost extension, change in personnel.

Part 5 Approvals: Signatures acknowledge that the proposal is consistent with department/division/university policy & objectives, that all parties' commitments to the project are noted and approved. Principal Investigator/Co-PIs acknowledge all compliance requirements have been met. Additional Investigators & Approvals Attached

PI's Department/School _____ Address _____ Org. Code _____

Principal Investigator _____ Date _____	Research Compliance _____ Date _____
Department Head _____ Date _____	Director of GCFA _____ Date _____
Dean and/or Director _____ Date _____	Vice President for Research _____ Date _____