

**OKLAHOMA STATE UNIVERSITY**  
**Routing Sheet**

**Part 1** Date \_\_\_\_\_

Routing Action \_\_\_\_\_

Source of Funding \_\_\_\_\_

Flow-Thru Funding Source \_\_\_\_\_

Amount Requested \_\_\_\_\_

Amount Awarded \_\_\_\_\_

COA/FC # \_\_\_\_\_ Project # \_\_\_\_\_ CFDA # \_\_\_\_\_

Requires Official Signature # to be signed \_\_\_\_\_ Primary Routing # \_\_\_\_\_

Requires Notarization \_\_\_\_\_ Other Routing #'s \_\_\_\_\_

Requires Other Signature Who \_\_\_\_\_

Prepared by: \_\_\_\_\_ PH # \_\_\_\_\_ DATE NEEDED BY \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Project Title \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Reference # \_\_\_\_\_

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:** 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 Space is available for this project: Where \_\_\_\_\_ Rm# \_\_\_\_\_

No  Yes Are space alterations requested?

No  Yes Will this project need resources from the HPCC?

No  Yes Involves CLASSIFIED information (If yes, Facility Security Officer should be contacted.)

No  Yes International travel If "yes", where: \_\_\_\_\_

No  Yes Do you or will you have foreign nationals involved with your research?

No  Yes Have EAR/ITAR regs been reviewed?  Export Control Review Form Attached

No  Yes Does sponsor reference FISMA or FISMA-like language or CUI?

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 NIH FCOI Training Date: \_\_\_\_\_

**Part 4 Comments & Special Information:** Provide any relevant details to help explain reason for routing action. Specify such things as budget changes, no cost extension, change in personnel. Provide split budget information, if applicable.

**Part 5 Approvals:** Signatures acknowledge that the actions requested on this form and any attachments are consistent with department/division/university policy & objectives, and that all parties' commitments to the project are noted and approved. Principal Investigator/Co-PIs acknowledge all compliance requirements have been met.

PI's Department/School \_\_\_\_\_ Address \_\_\_\_\_ Org. Code \_\_\_\_\_

Principal Investigator \_\_\_\_\_ Banner ID \_\_\_\_\_ Date \_\_\_\_\_ Research Compliance \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_ Director of GCFA \_\_\_\_\_ Date \_\_\_\_\_

Dean and/or Director \_\_\_\_\_ Date \_\_\_\_\_ Vice President for Research \_\_\_\_\_ Date \_\_\_\_\_