

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

**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 \_\_\_\_\_