

**Southern Polytechnic State University**  
**Proposal Authorization Routing Form**



\_\_\_\_\_  
Proposal Title

\_\_\_\_\_  
Initiating Department, School, Division

\_\_\_\_\_  
Project Director/Principal Investigator

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Campus Address

\_\_\_\_\_  
Co-Project Director/Co-Principal Investigator

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Campus Address

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Total \$ Amount Requested

\_\_\_\_\_  
Matching Funds Required

\_\_\_\_\_  
Total Project Period

\_\_\_\_\_  
Sponsoring Organization

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Technical Contact

\_\_\_\_\_  
Phone

**Check Appropriate Response:**

Type of Proposal      New \_\_\_ Continuation \_\_\_ Renewal \_\_\_ Supplement \_\_\_ Revision \_\_\_

Type of Submission:    Grant \_\_\_ Subcontract \_\_\_ Cooperative Agreement \_\_\_ Other \_\_\_

All proposals will automatically be mailed **First Class Certified** unless otherwise directed below:

- \_\_\_ Yes \_\_\_ No    **Will this proposal obligate SPSU to additional costs during the contract?**  
If yes, on an attached separate sheet detail those costs and how they will be covered.
- \_\_\_ Yes \_\_\_ No    **Will this proposal obligate SPSU to additional costs after the contract?**  
If yes, on an attached separate sheet detail those costs and how they will be covered.
- \_\_\_ Yes \_\_\_ No    **Is cost sharing proposed? (If yes, attach cost sharing budget) If yes, is cost sharing required? \_\_\_ Yes \_\_\_ No**
- \_\_\_ Yes \_\_\_ No    **Will this proposal requires space in addition to that currently used by the PI/Co-PI? If yes, on a separate sheet provide a statement from your dean/director identifying the assignment of needed space.**

- Yes  No Will assets or persons outside the PI school/center be needed for this project? If yes, on a separate sheet identify the other units involved.
- Yes  No Will human or animal subjects are involved? If yes, please follow IRB procedures.
- Yes  No Will biohazards be involved? If yes, please contact the SPSU Environmental Safety Officer for written approval and disposal agreement. Please attach these documents to this routing form.
- Yes  No Do you anticipate that the sponsor desires Intellectual Property Rights (IPR)? If yes, submit statement requesting release of IPR, signed by the PI, the appropriate Dean and the VPAA.

### Conflict of Interest Certification

"I certify that I have read and understood the University's conflict of interest policy; to the best of my knowledge, all required financial disclosures were made; and I will comply with any conditions or restrictions imposed by the University to manage, reduce or eliminate conflicts of interest"

\_\_\_\_\_  
Principal Investigator/Project Director

\_\_\_\_\_  
Date

### Signatures/Approvals

The officials whose signature appears below have reviewed this proposal. The signatures indicate that the signers are familiar with the proposal, certify its feasibility, and assume responsibility for all commitments as they relate to their specific area.

\_\_\_\_\_  
Principal Investigator/Project Director (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
OSP (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Director (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President – Academic Affairs (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director, Development (Situational)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Information Officer (Situational)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Director (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President – Business and Finance (Required)

\_\_\_\_\_  
Date