



UCHC RESEARCH ADMINISTRATION AND FINANCE

Routing of Proposals and Routing Sheet Instructions

Applications submitted to external agencies to conduct research or research-related activities must be submitted to the ORSP for approval. The ORSP Routing Form is a routing sheet used to electronically record and expedite grant request information to various locations within the institution for required review and signoff. Applications may be in the form of a proposal, agreement, contract, memorandum of understanding (MOU) or memorandum of agreement (MOA) or a combination of more than one form. Regardless of the nature of the application, the documents must be routed utilizing the standard ORSP "Routing Form" found on our website: <http://resadm.uchc.edu/orsp/forms/index.html> The form is labeled [ORSP Routing Form](#). Please use the version that is on our website. Applications using any of the older versions will be rejected and will need to be rerouted.

Instructions for filling out the ORSP routing form.

- A. Fill out the top, unnumbered section of the routing form completely. Please indicate on the top if this proposal is to be sent electronically (ie. via grants.gov).**

UNIVERSITY OF CONNECTICUT HEALTHCENTER
STATEMENT OF COMMITMENTS AND PROPOSAL APPROVAL (Rev. 6/10)
When this proposal has been signed, Call [] Extension []
For additional information or instructions contact: [] APPLICATION LOG NUMBER []
Office of Research and Sponsored Programs - Ext 4040

Proposal Due Date [] []	
PI Name: []	Department/Center: []
Title of Proposal: []	
Name of Sponsoring Agency: []	Prime Sponsor if Pass-through: []
Status of Project: []	Nature of Project: []
Start Date – End Date [] []	<input type="checkbox"/> % F&A rate - if Non-Federal, attach documentation of Sponsor's F&A rate. <input type="checkbox"/> No F&A costs allowed – provide documentation
1 st Year Total Direct Cost: []	
1 st Year Total Cost (incl. F&A): []	
Total Project Direct Cost: []	
Total Project Cost (Incl. F&A): []	

- Enter a person(s) name and telephone number(s) who needs to be contacted under "When this proposal has been signed, Call..." for any questions or for pick up when the application is approved. Additional names or telephone numbers can be entered under "For additional information..."
- Enter the actual Agency due date "Under Proposal Due Date". Please do not enter an earlier date than the actual agency due date. If for some reason an application needs to be approved much earlier than the due date, please add a note (post it is fine) on the routing form to draw our attention. We will expedite it.
- Enter the PI name and if applicable, also add Mentor name.
- Enter appropriate Department/Center name where the PI wants the grant to be awarded or credited. For example a PI may have appointments at two departments (one primary and one secondary). The PI must decide and enter the appropriate department/center name in this box. Please note that the department Chairperson/Center Director entered here must sign the routing form regardless of the PI's primary appointing department.
- Enter the actual title of the proposed study.

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- f. **Name of Sponsoring Agency:** Indicate the agency that will be sending the finds directly to us (please avoid acronyms). If this is a pass-through award, indicate the name of the prime sponsor.
- g. **Status of Project:** Indicate whether this is a New, Continuation, Renewal or Amended proposal.
- h. **Nature of Project:** Indicate nature of project such as Research, Training, Fellowship, Public Service or Other.
- i. **Start Date - End Date** – This is meant to be the entire project period, however if this is a continuation, then just indicate that one year.
- j. **Amounts** – If this is a multi year proposal, then you would indicate the directs and total cost for both the first year and the entire project amounts. If this is a continuation, just indicate the amounts for that year only. Remember that the total costs **includes** F&A costs.
- k. Appropriate **F&A** box must be checked off. If F&A is allowed, appropriate F&A rate must be entered. Documentation of the rate should be attached. This may include a copy of the sponsor policy statement, a copy of the sponsor’s budget instructions/page or a letter from the sponsor confirming this in the absence of the forms. Requests for lower F&A or waiver must be approved by the Associate Dean for Research Planning and Coordination (Mark Lalande, PhD at x8349) and must be submitted along with the application.

B. Then fill out the numbered section:

1. ARE HUMAN SUBJECTS, INVESTIGATIONAL DRUGS OR HUMAN TISSUES INVOLVED IN THIS PROPOSAL?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	INCLUDE IRB PROTOCOL NUMBER		DATE OF IRB APPROVAL
<input type="checkbox"/> PENDING (SUBMITTED TO IRB)	<input type="checkbox"/> UNDER DEVELOPMENT (NOT SUBMITTED TO IRB)	<input type="checkbox"/> EXEMPT	
NOTE: Key Personnel must have IRB training. Contact IRB office if training is not completed.			
		IRB APPROVAL: Initials	Date

1. **Human Subjects:** Please check off the appropriate box, and enter the IRB number if available. If it is approved, please enter the IRB number and the approval date and attach the approval letter. If this is a NEW proposal, then the approval would be “Pending”.

2. ARE VERTEBRATE ANIMALS INVOLVED IN THIS PROPOSAL?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, HAS THIS PROJECT ALREADY RECEIVED ACC APPROVAL?			
<input type="checkbox"/> YES	INCLUDE ACC PROTOCOL #		DATE OF ACC APPROVAL
<input type="checkbox"/> PENDING (SUBMITTED TO ACC)	<input type="checkbox"/> UNDER DEVELOPMENT (NOT SUBMITTED TO ACC)		
NOTE: All Personnel must have ACC training. Contact ACC office if training is not completed.			
		ACC APPROVAL: Initials	Date
DOES THIS PROJECT INVOLVE PRODUCTION OR PURCHASE OF CUSTOM ANTIBODIES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES,	NAME OF FACILITY		ANIMAL WELFARE ASSURANCE NUMBER

2. **Vertebrate Animals:** Please check off the appropriate box and enter the ACC number if available. If the protocol is approved, please enter the ACC approval number and the approval date and attach the approval letter.

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3. WILL THIS PROJECT INVOLVE INFECTIOUS AGENTS, CARCINOGENIC SUBSTANCES, RECOMBINANT DNA OR HIV? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, CONTACT THE OFFICE OF RESEARCH SAFETY, Ext. 2723, FOR FURTHER INSTRUCTIONS REGARDING COMPLIANCE WITH FEDERAL, STATE AND UCHC REGULATIONS. THE USE OF CARCINOGENIC SUBSTANCES AND/OR INFECTIOUS AGENTS REQUIRES THAT ALL EMPLOYEES EXPOSED TO RISKS BE TRAINED ON POTENTIAL RISKS AND SAFETY PRECAUTIONS
IBC APPROVAL: Initials _____ Date _____

3. **Infectious agents, carcinogenic substances, rDNA:** Check off appropriate boxes. Please check off “yes”, even if you are using an assay kit that contains a minute amount of radioactive substance or carcinogen or any other hazardous material.

4. WILL THIS PROJECT INVOLVE THE USE OF: SPACE OR FACILITIES NOT CURRENTLY AVAILABLE TO INVESTIGATORS	<input type="checkbox"/>	YES, EXPLAIN THE NEED AND PLANS FOR OBTAINING THE SPACE	<input type="checkbox"/>	NO
SPACE OR FACILITIES REQUIRING RENOVATIONS	<input type="checkbox"/>	YES, EXPLAIN THE NEED AND PLANS FOR COMPLETING RENOVAT.	<input type="checkbox"/>	NO

5. WILL THIS PROJECT REQUIRE A COMMITMENT OF THE GCRC? <input type="checkbox"/> YES <input type="checkbox"/> NO
GCRC APPROVAL: Initials _____ Date _____

4. Self-explanatory.
 5. Self-explanatory. If “Yes”, GCRC approval is needed.

6. ARE SUBCONTRACT AGREEMENTS INVOLVED WITH THIS PROJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES, SUBCONTRACTOR NAME(S): _____
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7. WILL THIS PROJECT INVOLVE THE USE OF FORMAL UCHC COST SHARING OR MATCHING? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MANDATORY <input type="checkbox"/> COMMITTED Explain if different: _____

6. Check “Yes” only when we are subcontracting to others.
 7. Self-explanatory. “Mandatory” would be used when cost share is required by the sponsor. “Salary Cap” requirements are considered “Committed”, not mandatory. Any voluntary cost share must be approved by Dave Gillon.

8. FACULTY SALARY SUPPORT ON GRANT	% SALARY SUPPORT REQUESTED	% EFFORT **
PI Name _____	_____	_____
Co-PI Name _____	_____	_____
Co-Invest Name _____	_____	_____
* If additional faculty is listed, please note in administrative comments box or attach a separate sheet. ** If the percent of salary support is less than the percent of effort, written approval is required from the Associate Dean for Research Planning		

8. **Faculty Salary Support:** Salary support and effort must be entered for all key personnel. A minimum of 1% effort must be entered for all key personnel except for training grants where the PI is mentoring the trainees under another grant where appropriate efforts were recorded. Efforts must be recorded for clinical trials and for conference grants as well. Under certain circumstances no efforts should be allowed in equipment grants.

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C. Signatures:

1. The completed form must be signed by the PI(s), Co-PI(s), or co-investigators if any and the corresponding Department Head(s). Key Personnel signatures should also be obtained. If the application is intended to be submitted through a Center, the Center Director must sign the form.
2. Signed by the appropriate Dean(s). If appropriate space is not available for successful completion of the project, the department head and appropriate Associate Dean/Dean must be consulted.
3. If cost share is required, it must be initialized by David Gillon (SOM) or appropriate Associate Dean/Dean from the SODM (either Dr. MacNeil or Dr. Susan Reisine).

D. ORSP:

1. Once all signatures are obtained the application can be submitted to ORSP. If it is brought to ORSP in person, the application should be date stamped and left in the “application received” bin.
2. The ORSP will review the application and call the department (contact indicated at the top of the routing form) for pick up. The ORSP keeps the original routing form and returns a copy of the routing form with the original application with any original signatures. It is the responsibility of the department to mail out any original applications to the sponsoring agency.
3. ORSP keeps a copy of the application on file and records the submission date, budget and the log out date into InfoEd. The log out date will be the date the Director of ORSP signs the application.

If there are any questions about this process, please contact your ORSP Project Officer:

Paul Hudobenko at hudobenko@adp.uchc.edu

Jen Mackowski at jmackowski@uchc.edu

Pam Vachon at vachon@nso2.uchc.edu

Wendy Walsh at wewalsh@up.uchc.edu