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|------------------------|
| Routing ID: _____ |
| G&C Date Logged: _____ |
| OSP Log: _____ |

PROPOSAL REVIEW & ROUTING FORM

| | | | | |
|--|--|--|---|----------------------|
| PART I: PROJECT INFORMATION | | | | |
| PRINCIPAL INVESTIGATOR: | | DEPARTMENT or CENTER/INSTITUTE: | | PROGRAM/ORG #: |
| CO-PRINCIPAL INVESTIGATOR: | | CO-PI DEPARTMENT or CENTER/INSTITUTE: | | CO-PI PROGRAM/ORG #: |
| SPONSOR NAME: | | SPONSOR TYPE: <i>IA Initial:</i> _____ | | |
| PRIME APPLICANT INSTITUTION (if pass-through funding to TC): | | | PROPOSED PROJECT DURATION: Start Date: End Date: | |
| PROJECT TITLE: | | | | |
| PRE-AWARD ADMINISTRATOR: | | | POST-AWARD ADMINISTRATOR: | |
| FOR NEW Applications/Contracts: New Application/Contract Resubmission Transfer Other: _____ | | | | |
| FOR EXISTING Awards/Contracts: INDEX #: _____ Competitive Non-competitive Supplement Renewal | | | | |
| AWARD TYPE: | | | PROJECT PURPOSE: | |
| PROJECT LOCATION(S): <i>If international, OGE acknowledgement:</i> _____ | | | | |
| EXTERNAL DEADLINE: | | INTERNAL DEADLINE: Date: Policy Compliance: | | |

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| PART II: BUDGET |
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| | | |
|-----------------------|--|--|
| Total Direct Costs: | <input style="width: 95%;" type="text"/> | |
| Total Indirect Costs: | <input style="width: 95%;" type="text"/> | IDC Type: _____ |
| Total Requested: | <input style="width: 95%;" type="text"/> | |
| Cost-share (if appl): | <input style="width: 95%;" type="text"/> | <i>Cost-share index (if appl):</i> _____ |

PART III: PROJECT CONSIDERATIONS

Research/Graduate Assistant(s)

Doctoral Research Fellow(s)

Course Buy-Out

Additional Space?*

Note: Space allocation, although requested, is not guaranteed.
The college will conduct a full review and evaluation of the need.

Academic Planning Initial: _____

SUBCONTRACTOR(S):

Institution Name: _____

Subcontractor PI: _____ Email: _____

Institution Name: _____

Subcontractor PI: _____ Email: _____

Institution Name: _____

Subcontractor PI: _____ Email: _____

Add Supplemental pages if needed.

Additional Relevant Comments:

*TC will not consider additional project Space requests that are received after the proposal routing stage.

PART IV: APPROVALS

By signing here, the PI certifies:

1. That the information submitted within the application is true, complete and accurate to the best of the PI's knowledge, and any false statements or claims may subject the PI to criminal, civil, or administrative penalties;
2. that the PI agrees to accept responsibility for the scientific conduct of the project;
3. that as the PI, I confirm that I have read and understood the Teachers College Policy on Conflict of Interest and Conflict of Commitment (www.tc.edu/policylibrary/CONFLICT), that I have reviewed my most recent prior Conflict of Interest Disclosure Form, and that my Conflict of Interest Form dated _____ and the Co-PI's (as applicable) Conflict of Interest Form dated _____ is/are current and accurate; all Senior/Key Personnel

PRINCIPAL INVESTIGATOR _____

PI DEPARTMENT CHAIR _____

CO-PRINCIPAL INVESTIGATOR _____ *Dept Chair Initial:* _____

SPONSORED PROGRAMS _____

GRANTS & CONTRACTS _____

PRE-APPROVAL: _____

AUTHORIZED OFFICIAL _____