

Drake University Office of Sponsored Programs

2507 University Avenue, Old Main Room 324, Des Moines, IA 50311
Phone: 515-271-3788 • Fax: 515-271-4067 • www.Drake.edu/grants

Proposal Routing Form

1. Investigator and Proposal Information

Project Title: _____

Principal Investigator/Project Director/: _____

Phone: _____ Fax: _____ E-mail: _____

Department: _____

Other Drake Faculty Involved: _____

Sponsor/Agency: _____

Sponsor Deadline: _____ Receipt date or Postmarked date

Total Project Period: From: _____ To: _____

Type of Project: Research Training Public Service Event Other

Type of Submission: New Continuation

Budget: F & A (Indirect) Rate Used: _____

Requested Costs:	Total for Entire Project	Year 1 or Current Year	Drake University Cost Sharing/Match
Direct Cost:	\$ _____	\$ _____	
F & A Cost:	\$ _____	\$ _____	
Total Request:	\$ _____	\$ _____	

2. Special Review Checklist

Will Your Project Involve:	Yes	No	If you checked "Yes" --
Human Subjects?	<input type="checkbox"/>	<input type="checkbox"/>	Notify IRB Chair, Michael Rieck
Animal Research?	<input type="checkbox"/>	<input type="checkbox"/>	Notify IACUC Chair, Bob Soltis

Additional Requirements:	Yes	No	If yes, please explain:
Is faculty release time requested?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is extra compensation to Drake faculty or staff requested?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will this proposal require new full-time staff and/or faculty to be hired?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is more space required?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will students be hired from these grant funds?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the use of university housing or room and board required?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there a significant financial interest [as defined in the University Conflict of Interest Policy] of the investigator(s) and/or family member(s) that would reasonably appear to be affected by the project proposed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any subcontracts or consortia agreements?	<input type="checkbox"/>	<input type="checkbox"/>	_____

If yes, is Drake the **primary** contractor or **subcontractor**? (circle one)

3. Explain how this project fits into the mission of the University. (Please be concise)

4. Brief Summary of Project (Please do not exceed space provided)

5. University Approvals (To be obtained in sequence)

The Project Director or Principal Investigator is responsible for securing his/her Dean's signature. After the Dean signs off on this proposal routing sheet, please submit to Jayne Smith, Director of Sponsored Programs, who will route this form for the remaining signatures. **Please allow up to five business days for routing of signatures, and attach your proposal narrative and budget to this form.**

_____	_____
Project Director or Principal Investigator	Date
_____	_____
Dean	Date
_____	_____
Director Sponsored Programs	Date
_____	_____
Associate VP, Business & Finance	Date
_____	_____
Provost	Date
Final Budget Review/Completed: _____	