Tulane University Health Sciences Center
Grant and Contract Routing Form

(1) Date Submitted to Grants & Contracts:_____(2) Proposal Number: (G&C Use)_____

(3) Agency Deadline (Arrival):_____(4) **Call for Pick-Up:**_____

(5) Principal Investigator (6) Department (7) School (8) Office Telephone

_____

(9) Second Contact Person (10) Department (11) School (12) Office Telephone

_____

(13) Project Title_____

(14) Sponsoring Agency_____(15) Program Name_____

(16) Type of Agency (check one): ☐ Federal ☐ State ☐ Corporate ☐ Foundation ☐ Association ☐ Other

(17) Check One: Grant (what is the RFA#?_____) Contract (what is the RFP#?_____) Cooperative Agreement

(18) Check All That Apply: ☐ Research ☐ Drug Study ☐ Multi-Purpose ☐ Training ☐ Clinical Trial

(19) Check One: ☐ New Application ☐ Continuation ☐ Competing Renewal ☐ Supplement ☐ Resubmission

BUDGET INFORMATION

(20) Direct Costs Requested:_____(All Years)(21) Indirect Costs:_____(All Years)(22) Total Costs_____(23) Project Period:_____

(24) Direct Costs Requested for Budget Period:_____ (25) Indirect Costs for Budget Period:_____(26) Budget Period:_____

(27) Percent Effort, P.I.:_____(28) Indirect Cost Rate:_____(29) Cost Share Commitment ☐ NO ☐ YES AMOUNT: $_____

PROJECT INFORMATION

Does this project involve:	NO	YES	
(30) Human Subjects?	☐	☐	Send copy of proposal, protocol consent and routing form to IRB .*
(31) Animals	☐	☐	Send copy of proposal, protocol consent and routing form to ACAR.*
(32) Recombinant DNA?	☐	☐	Forward a copy of the abstract to the Institutional Biosafety Committee.
(33) Cancer Research?	☐	☐	Forward a copy of the abstract to the Cancer Center.
(34) Increased need for space/utilities?	☐	☐	Coordinate with the Director of Facilities Services.

(35) Key Word/Subject Area: ☐ Cancer ☐ Infectious Disease ☐ AIDS ☐ International ☐ Environmental ☐ Women's Health ☐ Gene Therapy ☐ Community ☐ Cardiovascular ☐ Prevention ☐ Infants & Children ☐ Other, describe_____

(36) PRINCIPAL INVESTIGATOR CERTIFICATION

My signature below certifies that 1) I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any federal department or agency; 2) I have received, read, understand and will abide by the University's policy on Conflict of Interest; and 3) I agree to be bound by the terms and conditions of the outside sponsored award agreement which supports this activity and by Tulane policies.

☐ Yes ☐ No To the best of your knowledge, do any faculty or you as the person responsible for the design, conduct and reporting of this project (or your spouse or dependent children) have any financial interest such as royalty, equity, or any other payments (e.g. consulting, salary, etc.) in the sponsor or in other entities having a financial interest in intellectual property, products or services which are the subject of the proposed research that exceed $10,000 in current value or exceed a 5% ownership interest? If yes, please attach explanation.

(37) Principal lnvestigator: _____Date:_____

APPROVALS

(38) Department Chairperson(s):_____Date:_____

(39) Department Chairperson(s):_____Date:_____

(40) Office of Grants & Contracts Admin:_____Date:_____

(41) Office of the Dean:_____Date:_____

Please return two (2) copies of this proposal with the original routing form to the Office of Grants and Contracts.

*** ☐ Check here if you want Grants & Contracts to forward human subjects or animal care protocols to those committees. If checked, provide extra copies of the proposal and requisite forms as required.**

Revised 10/19/98