

TEXAS WOMAN'S UNIVERSITY
PROPOSAL APPROVAL ROUTING FORM

FOR OFFICE USE ONLY:

LOG #: _____

In accordance with [TWU Proposal Submission Policy 1.25](#), all proposals submitted for external funding are routed through either the Office of Research & Sponsored Programs (ORSP) or Institutional Development ([click here for more guidance](#)). At a minimum, attach a budget, budget justification, and a draft of the project narrative (or scope of work if this is a subcontract) to this form.

1. [TWU PRINCIPAL INVESTIGATORS \(PI\)/ PROJECT DIRECTORS \(PD\):](#)

PI Name: _____ Position: _____
Phone: _____ Email: _____
Department: _____

Co-PI Name: _____ Position: _____
Phone: _____ Email: _____
Department: _____

Co-PI Name: _____ Position: _____
Phone: _____ Email: _____
Department: _____

If there are more than 3 PIs / PDs, list here: _____

2. PROJECT INFORMATION

a. Project Title: _____

b. Project Type: _____ If research, is this a clinical trial? ☐ Yes ☐ No

c. Entire Project Period: _____ Begin Date: _____ End Date: _____

d. Total Amount Requested: _____ Direct Costs: \$ _____ *TWU F&A Costs: \$ _____ Total Costs: \$ _____
(including any subcontract costs)

*If you are not using the full published TWU indirect cost rate, please provide the reduced indirect cost rate and an explanation for using this rate: _____

3. FUNDING AGENCY INFORMATION

a. Funding Agency: _____
** for Public Health Service (including NIH) and National Science Foundation proposals, complete addendum page*

b. Subcontract to TWU? ☐ Yes ☐ No (If yes, subcontracting agency: _____)

c. Competition / Program / RFA: _____

d. Agency Contact: _____
Name, phone #, email, web address

e. Deadline Date: _____

4. INSTITUTIONAL COMMITMENT OF RESOURCES

YES NO

☐ ☐ Is COST SHARING or MATCHING part of this proposal?

If NO, skip to next question. If YES, answer the following:

a) Is this cost sharing or matching required? ☐ Yes ☐ No

b) Provide a brief explanation of the cost sharing included in this proposal. If necessary, attach additional narrative or budget pages detailing the cost sharing as described below.

c) Amount of cost share: \$ _____ If known, provide the account number(s) to which cost-sharing will be charged (**NOTE: individual with budgetary approval authority must sign this form**):

☐ ☐ If funded, will there be any workload reassignment or course release for any of the faculty listed? If yes, please list the faculty member(s) and describe the workload adjustment.

☐ ☐ Is ADDITIONAL SPACE (office, lab, etc.) or RENOVATION required to carry out project? If yes, explain below. Note that large equipment purchases may need to be reviewed by Facilities Management and Construction (FMC) to determine whether existing facilities can accommodate the new equipment.

☐ ☐ Is TECHNOLOGY SUPPORT beyond that normally provided by TWU required? If yes, please explain below.

5. COMPLIANCE REQUIREMENTS

YES NO

☐ ☐ Will a portion of the project be SUBCONTRACTED to another party?

If NO, skip to next question. If YES, list the all other parties to receive a subcontract and amount for each:

☐ ☐ Are there RESTRICTIONS ON THE PUBLICATION of research findings or results, or other limits on intellectual freedom? If yes, explain:

☐ ☐ Does this project use HUMANS as RESEARCH SUBJECTS? (*information on TWU's Institutional Review Board can be found at <http://www.twu.edu/research/irb.asp>*)

☐ Application Has Been Submitted (Protocol # _____)

☐ Application Not Yet Submitted

☐ ☐ Does this project use ANIMALS in research? (*information on TWU's Institutional Animal Care & Use Committee can be found at <http://www.twu.edu/research/animal-care-and-use-committee.asp>*)

☐ Application Has Been Submitted (Protocol # _____)

☐ Application Not Yet Submitted

YES NO

☐ ☐ Does this project involve RECOMBINANT DNA or BIOHAZARDOUS AGENTS? (information on TWU's Institutional Biosafety Committee can be found at <http://www.twu.edu/research/institutional-biosafety-committee.asp>)

☐ IBC Approval Attached; registration current

☐ Pending

☐ ☐ Does this project involve RADIOACTIVE MATERIALS or RADIATION DEVICES? (for more information contact TWU's Radiation Safety Officer)

☐ Approval Attached

☐ Pending

☐ ☐ Do any of the investigators have a potential or actual conflict of interest? Conflicts of interest occur when the personal interests, financial or otherwise, actually or potentially diverge with the person's professional obligations to and with the best interests of the University. If yes, briefly describe the personal, business, financial interest, outside employment or consulting activities that raises a potential conflict of interest. NOTE: This question is not intended to replace TWU Policy 5.30 (Financial Conflict of Interest in Research and Sponsored Projects).

6. DESCRIPTION (Enter a lay description of no more than 2-3 sentences)

7. INVESTIGATOR CERTIFICATIONS

By signing this form, each investigator agrees to abide by current University and federal policies on financial conflict of interest, intellectual property, the use of human subjects, and vertebrate animals in research, and other University research policies as appropriate. I certify that the required actions regarding compliance with these policies have been taken. Each investigator (1) certifies that the information submitted within the application is true, complete and accurate to the best of the investigator's knowledge, and (2) agrees to accept responsibility for the scientific conduct and/or carrying out of the project. When multiple PIs are proposed in an application, all named investigators must sign below.

Principal Investigator _____ Date of Signature: _____

Co-Investigator(s) _____ Date of Signature: _____

Co-Investigator(s) _____ Date of Signature: _____

Co-Investigator(s) _____ Date of Signature: _____

Co-Investigator(s) _____ Date of Signature: _____

Co-Investigator(s) _____ Date of Signature: _____

8. APPROVALS

The signatures below indicate review of the above named proposal; confirmation that it is consistent with departmental, college, or university mission, policies and procedures; and approval of all commitments described in the proposal including those involving space, equipment, personnel, release time, and cost sharing.

Department Chair, Division Head, or Director (or designee) Certification – Your signature certifies that: 1) the proposed project is appropriate to the administrative unit's mission; 2) staff and budget commitments are in accordance with the administrative unit's programs and space availability; and 3) you accept responsibility for technical and financial conduct of the project for the administrative unit. This certification also represents that, to the best of your knowledge, the prospective PI will be a full-time faculty or academic staff member at the award and that there are no circumstances known to you that would jeopardize the performance of projects obligation(s) by the PI.

Dean (or designee) Certification – Your signature certifies: 1) your approval of the academic content of the application; 2) that space and personnel are available to pursue the project; and 3) that the project is appropriate to and coordinated with the school/units programs and policies.

Department Chair(s)/Associate
Dean(s)/Director(s)

_____ Date of Signature: _____

Dean(s)

_____ Date of Signature: _____

Vice Provost for Research

_____ Date of Signature: _____

Others (_____)

_____ Date of Signature: _____

Provost / Vice President

_____ Date of Signature: _____

FOR ORSP OFFICE USE ONLY:

CFDA #: _____ (for federal projects only)

Signature of person certifying research determination

Signature of person certifying that current Significant Financial
Interest (SFI) Disclosure Forms are on file for all key personnel
(if applicable)
