



MURRAY STATE UNIVERSITY

Office of Sponsored Programs

328 Wells Hall, Murray, KY 42071-2393

270-809-3534

CONTRACT ROUTING FORM

This form should be used to **route awards, contracts, or multi-year renewals that do not require a proposal**. Examples include new contracts received directly from a sponsor, continuation or renewal years of multi-year awards, and other funding agreements requiring institutional approval. If a proposal is required, use the *Proposal Routing Form*.

Note: Please complete this form using *Adobe Acrobat* or *Adobe Reader*. Do not use browser preview or Mac Preview, as fields may not save correctly.

Principal Investigator (PI)

Email

College/Department

Department FOAPAL

Agreement Type

New Contract/Award – Budget only (*No proposal required*)

Multi-Year Agreement/Award – *Complete section below*

Documentation Provided	Year	of			
Automatic Carryover of Funds	No	Yes – OSP#	FOAPAL		
Amendments or Modifications	No	Yes –	Scope of Work	Budget	Other
Prior Approval Required	No	Yes			

Note: Provide documentation for Amendments or Modifications, or Prior Approval with this form.

Award Information

Award Recipient MSU Prime Recipient Subrecipient – *Prime Institution*

Funding Agency/Sponsor **Total Project Period** -

Current Project Period - **Project Type** *Research Type*

Project Title

Special Considerations	No	Yes –		
Human Subjects		Biohazards	Software	Additional Space/Renovations
Animal Subjects		Radioactive Materials	Recombinant DNA	Course Buyout
Chemical Hazards		Purchase of Equipment	Equipment Maintenance/Warranty	

Note: Include supporting documentation for Special Considerations with this form.

Subrecipients No Yes

Institution Name	Institution Name
Subrecipient Name	Subrecipient Name
Email	Email

Note: Include supporting Subrecipient documentation with this form.

Financial Information

Budget Direct Costs Indirect Costs Total Costs Indirect Cost Rate (%)

Cost Share No Yes – Type Amount FOAPAL#

Subrecipient Budget No Yes

Direct Costs	Indirect Costs	Total Costs	Indirect Cost Rate (%)
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Principal Investigator Certification

→ By initialing each statement and signing below, I, the Principal Investigator (PI), certify that:

I agree to comply with all applicable university policies and procedures throughout the term of this contract or award.

I accept responsibility for the proper management of the award and all related reporting, compliance, and fiscal oversight.

I understand that this form will be routed for institutional approvals prior to contract execution or acceptance of award funds.

I have reviewed Murray State's ***Financial Conflict of Interest (FCOI) policy*** and acknowledge that this certification must be completed **annually**. I certify that I will disclose any changes as they occur.

Included: Annual *FCOI Form* has been completed and is included

Previously Submitted: Annual *FCOI Form* is on file. Date signed:

I agree to follow all applicable sponsor requirements and regulatory guidelines including but not limited to:

- Sponsor agreements (e.g., contracts, memoranda of agreement, Notices of Award)
- Responsible Conduct of Research (RCR)
- Research Security Training
- Personal Responsibility and Work Opportunity Reconciliation Act (PWA)
- Guide for Recipients of Federal Funding Regarding Unlawful Discrimination

I confirm that I am not, and do not intend to become, a participant in any **Malign Foreign Talent Recruitment Program** as defined by federal policy.

Principal Investigator Signature _____ **Date**



Internal Routing Approvals

For additional information about the **Internal Routing and Approvals Process**, refer to the *Contract Routing Form Guidelines*.

Office of Sponsored Programs	
By signing below, I certify that I have reviewed the agreement and budget to ensure compliance with sponsor guidelines, University policies, and applicable federal regulations. My signature indicates approval for institutional acceptance or execution of the contract on behalf of Murray State University.	
<i>OSP Director Signature</i>	<i>Date</i>

College/Academic Administration	
By signing below, I certify that I have reviewed the budget, including any cost share commitments; that the project continues to align with University objectives; and that the Principal Investigator will be supported in fulfilling the obligations of the agreement. My signature indicates approval for acceptance or execution of the contract on behalf of the University.	
<i>Department Chair/Director Signature</i>	<i>Date</i>
<i>Dean Signature</i>	<i>Date</i>
<i>Division VP Signature</i>	<i>Date</i>

Accounting Director	
By signing below, I certify that I have reviewed the budget, including any cost share commitments , and the financial commitments are accurate, appropriate, and acceptable in accordance with University policies and applicable federal requirements.	
<i>Accounting Director Signature</i>	<i>Date</i>

FOR OSP USE ONLY Routing Start Date:

OSP Initials:

Routing End Date:

OSP Initials: