



MURRAY STATE UNIVERSITY

Office of Sponsored Programs
328 Wells Hall, Murray, KY 42071-2393
270-809-3534

PROPOSAL ROUTING FORM

All external grant proposals must be submitted to the Office of Sponsored Programs (OSP) using this form. Email the completed form and all required documents to lbennett5@murraystate.edu at least 20 business days before the sponsor's deadline. See the *Proposal Routing Form Guidelines* for instructions.

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.

Investigator Information

Principal Investigator (PI)

Email

Phone

College/Department

Department FOAPAL

Position Title

Employee Status

Co-PI Name

College/Department

Co-PI Name

College/Department

Proposal Information

Award Recipient MSU Prime Recipient Subrecipient – *Prime Institution*

Funding Agency/Sponsor

Funder Deadline

Funding Type

CFDA#

Link to RFP

Project Title

Project Period

-

Project Type

Research Type

Special Considerations

Human Subjects

Purchase of Equipment

Chemical Hazards

Animal Subjects

Additional Space/Renovations

Recombinant DNA

Biohazards

Course Buyout

Radioactive Materials

Software

Equipment Maintenance/Warranty

Comments

Subrecipient Information

Will this proposal include any subrecipients if the award is funded? No Yes – *Complete section below*

Institution Name

Institution Name

Subrecipient Name

Subrecipient Name

Subrecipient Email

Subrecipient Email

Please include the following Subrecipient documents in your *Proposal Packet* at time of submission:

Letter of Commitment

Scope of Work

Detailed Budget (See pg. 2)



Financial Information

Approximate Budget Requested

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

Special Considerations – *Select all that apply*

Equipment Purchase(s)

List the warranty or maintenance terms to show how the equipment will be properly maintained.

Software

Specify the license terms to ensure compliance with usage

Computer(s)

Provide a brief justification explaining why the computer is necessary for the project.

Cost-Sharing

Will this proposal include any cost-share if the award is funded? No Yes – *Complete section below*

Type	Amount	FOAPAL#
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Comments

Subrecipient Budget – *If applicable*

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

NOTE: In accordance with Uniform Guidance (2 CFR 200.331–.332), subrecipients must budget F&A costs. Use their federally negotiated F&A rate if they have one, or at least the 10% de minimis rate if they do not (unless all costs are charged directly).



Principal Investigator Certification

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

I understand that proposals must be submitted to OSP **at least 20 business days before the sponsor's deadline** to ensure full review and timely submission. Proposals submitted with less notice may not be guaranteed submission.

I will ensure that all required internal approvals, disclosures, and documentation are completed prior to submission to the sponsor.

All information provided in this *Proposal Routing Form* and accompanying documents is accurate and complete to the best of my knowledge.

I have discussed the proposal with the Department Chair/Director and the Dean/VP.

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 with this Proposal Packet.

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

I agree to follow all applicable university policies throughout the life of the project.

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. I understand that participation in such programs is prohibited under federal regulations.

I accept responsibility for the proper management of the award and all related reporting, compliance, and fiscal oversight if the award or contract is received.

Principal Investigator Signature _____ - **Date**

NOTE: When signing the *Proposal Routing Form* in either Adobe Acrobat or Adobe Reader, select "E-Sign" or "Fill & Sign." You'll be prompted to place your signature in the signature box and then **Save** the file.

If you are unable to use the "E-Sign" or "Fill & Sign" feature, you may type your name in the signature field instead.

By typing your name above, you certify that this serves as your official signature and approval.



Internal Routing Approvals

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

Office of Sponsored Programs

By signing below, I certify that I have **reviewed the proposal and budget**, and **they comply with sponsor guidelines, University policies, and applicable federal regulations**. My signature indicates approval for submission to the funding agency on behalf of the University.

OSP Director Signature

Date

College/Academic Administration

By signing below, I certify that I have **reviewed the proposal and budget**, including any **proposed cost share**; that **the project is consistent with University objectives**; and the **Principal Investigator will be supported in fulfilling the obligations**. My signature indicates approval for submission to the funding agency on behalf of the University.

Department Chair/Director Signature

Date

Dean Signature

Date

Division VP Signature

Date

Accounting Director

By signing below, I certify that I have reviewed the **proposed budget**, including any **proposed cost share**, and **the financial commitments are accurate, appropriate, and acceptable for submission** in accordance with University policies and applicable federal requirements.

Accounting Director Signature

Date

President

By signing below, I confirm that I have **reviewed the proposal and budget**. I **authorize the Director of the Office of Sponsored Programs to submit this proposal to the sponsor** on behalf of the Principal Investigator and Murray State University.

President Signature

Date

FOR OSP USE ONLY Routing Start Date:

OSP Initials:

Routing End Date:

OSP Initials: