



The completed and fully signed route sheet must be submitted to OSP a minimum of 5 business days prior to the agency deadline.

Funding Agency Information

Agency/Sponsor Name

Sponsor Deadline

TTUHSC is submitting as

Announcement Name/Number

If NIH grant, specify mechanism

Project Information

Project Title

Project Type

Proposed Project Start Date

Proposed Project End Date

Does the project include subawards? Yes No

Is this proposal being submitted as a result of internal institutional seed grant funding? Yes No

If yes, select the source of seed grant funding

If other, specify

Principal Investigators (PIs) and Co-Principal Investigators (Co-PIs)

Name	Role	Department	% Effort	Faculty	Email
	Lead PI				

Lead PI Department Administrator

Phone

Email

Project Budget

Year 1 Direct Cost

Year 1 Indirect Cost

Year 1 Total Cost

Total Direct Cost
(all years)

Total Indirect Cost
(all years)

Total Project Cost
(all years)

Is there cost sharing*? Yes No *Cost sharing is a commitment of TTUHSC resources and is subject to institutional approval.

If yes, select the type of Cost Sharing

If cost sharing is required by the sponsor, provide a description of the cost sharing, include the source of funds, and attach the approval using the paper clip to the left.

Additional Project Information

1. Will this application be submitted to other agencies? Yes No
2. Will this application contain proprietary/privileged information? Yes No
3. Will this project have a positive or negative impact on the physical environment? Yes No
4. Did you or do you intend to use an external consultant for grant writing services, editing services or preparation of this proposal?
Yes No

If yes, please certify the following by checking the boxes below:

I followed all institutional processes and procedures outlined in HSCEP OP 54.04, Professional Services – Contracting.

The consultant is not associated with the sponsor, a subsidiary of the sponsor or an affiliate of the sponsor.

The consultant is not associated with any potential vendors, subsidiaries of any potential vendors or an affiliate of any potential vendors.

5. Was this project coded as Applied Research, Basic Research or Development Research?

Yes No

If Yes, check all that apply:

Biological

Health Sciences (previously Medical Sciences)

Other

Regulatory Compliance**Human Subjects**

Does this research involve **HUMAN SUBJECTS**, Human Data or Human Specimens? Yes No

If yes, has your research team submitted an application for IRB approval? Yes No

Animal Subjects

Does this research involve **ANIMAL SUBJECTS**? Yes No

If yes, has your research team submitted an application for IACUC approval? Yes No

Research Materials

Does the proposal involve research with any of the following? (please check all that apply)

Radioactive Materials and/or Potential Biological Hazards (viruses, recombinant DNA, etc...)

Chemical Hazards (poisons, explosives, reagents, flammables, carcinogens, etc...)

Nanomaterials

Neurotoxin Hazards (botulinum neurotoxins, botulinum neurotoxin-producing species of Clostridium, or preparations or pharmaceuticals containing botulinum neurotoxins, etc...)

Select agents not included in the categories above (www.selectagents.gov/selectagentsandtoxins)

None of the Above

Export Control

1. Does the proposed work involve Homeland Security concerns, restricted Department of Energy technology, U.S. government spacecraft technology, a DoD Form 2345 Military Critical Technical Data Agreement or do you have reason to believe it may involve export control or security concerns?

Yes No

2. Will your project involve any of the following:

a. Sending, transporting, transmitting or carrying any material or equipment related to this project outside the United States such as GPS, biologicals, diagnostic kits, reagents, etc.? Yes No

If Yes: i) List all items (be specific) that you plan to ship or transport out of the United States.

ii) To which countries are you shipping?

b. Travel outside the US? Yes No

c. Transmitting funds, goods, or technology to any of the following countries on the [OFAC list?](#) Yes No

3. Some types of research may have export control implications even if all work is conducted within the U.S.

Will your project involve:

a. Non-commercial encryption or information security software? Yes No

b. Any equipment, technology, materials or software specifically designed, modified, or adapted (even slightly) for a military purpose or that may involve national security? Yes No

c. Any classified materials, equipment, technology or data? Yes No

Intellectual Property

1. Have you disclosed any of this research to the Office of Technology Transfer? Yes No

If Yes, please enter the title or institutional identifier:

If No, do you think this research has the potential for a patent? Yes No

2. Does the research in this proposal involve any filed patents? Yes No

3. Does the research in this proposal involve any issued patents? Yes No

4. Will this research use any materials obtained from a third party under a transfer agreement granting ownership rights in inventions and/or data out of the use of the material? Yes No

5. Will this research use any material, patented or otherwise, which is owned by the institution and licensed to a commercial entity? Yes No

6. Is this proposal a SBIR (Small Business Innovative Research Program)? Yes No

7. Is this proposal a STTR (Small Business Technology Transfer Program)? Yes No

If yes: i) Will you be the designated Principal Investigator for this project? Yes No

ii) What is your formal relationship with the applicant organization?

iii) Will at least thirty percent (30%) of the work of the STTR be performed by the institution?

Yes No

Lead Principal Investigator Certifications and Assurances

As a Lead PI:

I certify that the information submitted within the application is true, complete and accurate to the best of my knowledge and that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.

Yes No

I certify that I have read and understand the sponsor/agency guidelines, and I agree to be bound by the terms and conditions of the external funding agency/sponsor.

Yes No

I accept responsibility for the scientific conduct of the project, and I agree to complete all required progress and final reports if a grant is awarded as a result of this application.

Yes No

Currently or during the term of this sponsored project, does any member of the team or his/her family member have or expect to have an unmanaged, actual, potential or perceived financial conflict of interest (including gifts of cash or in-kind) associated with a sponsor, a subsidiary or an affiliate of this study?

Yes No

Currently or during the term of this sponsored project, does any member of the team or his/her family member have, or expect to have, an unmanaged, actual, potential or perceived financial conflict of interest (including gifts of cash or in-kind) associated with an entity that owns or has the right to commercialize a product, process or technology studied in this project?

Yes No

Signatures

Role	Name	Signature
Lead PI		

Department Chair Endorsements

By signing below, I certify that the proposed project is consistent with departmental and institutional policies and that all committed departmental resources are available.

Role	Name	Signature
Lead PI Department Chair		