



OFFICE OF SPONSORED PROGRAMS ADMINISTRATION

www.rockefeller.edu/sr-pd/

INSTITUTIONAL ROUTING FORM

SECTION 1: APPLICANT/PRINCIPAL INVESTIGATOR (PI)

Applicant/PI's Name

Admin Contact Person

Dept./Lab Head (if not Applicant/PI)

Sponsor/Agency Name

Submission Deadline

Requested Start Date

Requested Award Period (in years)

Funding Opportunity Announcement # & Title:

Project Title

Proposal Type (Check all that apply)

- | | | | |
|-----------------------------------|--|---|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Competing Renewal | <input type="checkbox"/> Resubmission | <input type="checkbox"/> Continuation/Prog Report |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Supplement/Revision | <input type="checkbox"/> Bridge funding | <input type="checkbox"/> No Cost Extension |

Program Type

- | | | | |
|---|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Single PI Research | <input type="checkbox"/> Collaborative/MultiPI | <input type="checkbox"/> Career | <input type="checkbox"/> Fellowship |
| <input type="checkbox"/> Institutional Training | <input type="checkbox"/> Infrastructure/Equipment | <input type="checkbox"/> Non-monetary | <input type="checkbox"/> Other: |

Subaward/MultiPI

- | | | |
|--|--|---|
| <input type="checkbox"/> Proposal includes subaward(s) | <input type="checkbox"/> Proposal itself is a subaward | <input type="checkbox"/> Proposal uses Multi-PI model |
|--|--|---|

Non-RU PI's Name(s)/Institution(s)

Non-RU Admin Contacts

Tel.

Email

SECTION 3: COMPLIANCE (Check and complete all that apply, including for subawards)

3a. Research Involves:

- ☐ [Human Subjects](#) (includes [GWAS](#))
- ☐ [Human Embryos and/or Pluripotent Stem Cells](#)
- ☐ [Animal Subjects](#)
- ☐ [Custom Antibodies](#)
- ☐ [Biohazardous Agents Level 3](#) (BL3)
- ☐ [Recombinant DNA](#)
- ☐ [Radioactive Materials](#)
- ☐ NONE OF THE ABOVE

Protocol # and Approval Date or "Pending" as applicable

On file with Lab Safety

3b. Research is Designed to or May Result in:

- ☐ Development of [Model Organisms](#)
- ☐ Generation of [Human Gametes](#)
- ☐ Generation of large-scale human [Genomic Data](#)
- ☐ Generation of large-scale non-human [Genomic Data](#)
- ☐ [Dual Use Research of Concern](#) (DURC)
- ☐ NONE OF THE ABOVE

3c. Proposed Use of [University Resource Center\(s\)](#):

- ☐ No ☐ Yes, list Center(s):

SECTION 4: APPLICATION CERTIFICATION

Please certify that (1) the information above is true, complete and accurate to the best of your knowledge; (2) you understand that any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties; (3) you agree to accept responsibility for the scientific conduct and financial management of the project and to provide the required progress reports if a grant is awarded as a result of the application; and (4) if the project is currently awarded and involves one or more subrecipients, you attest that you have reviewed and approved the subrecipient(s)'s technical report(s).

PRINCIPAL INVESTIGATOR SIGNATURE

DATE

HEAD OF LABORATORY SIGNATURE
(if the PI is NOT HOL)

DATE

VICE PRESIDENT/DEAN (as applicable)

DATE

OSPA 1st Reviewer/Date:OSPA 2nd Reviewer/Date:

Authorized Organizational Rep./Date

SECTION 5: OSPA USE ONLY

InfoEd #

Receive Date from PI

Processed Date

Submission Method:

- ☐ Mail (by) ☐ Electronic

Exceptional Requirements:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Limited Submission | <input type="checkbox"/> Approval re \geq \$500,000 | <input type="checkbox"/> PI Effort Requirement | <input type="checkbox"/> Resource/Genomic Sharing Plan |
| <input type="checkbox"/> Genomic Array Expenses (> \$50k/yr) | <input type="checkbox"/> Multi-PI Mgmt Plan | <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Responsible Conduct of Research (RCR) |
| Cost Sharing | <input type="checkbox"/> No | <input type="checkbox"/> Yes, Describe | |
| Unobligated Balance is | <input type="checkbox"/> OK per | <input type="checkbox"/> > 25%, describe | |

Comments:

Post-review Items:

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Final Copy | <input type="checkbox"/> IACUC: RF | <input type="checkbox"/> IRB: RF, FP, HS section |
| <input type="checkbox"/> rDNA, Rad Mats, hESC: RF & Res Plan to AW | | <input type="checkbox"/> Rsrc Ctr: , Abst & Facs & Rsrcs to AW |