

GMU #

PROPOSAL APPROVAL ROUTING FORM

George Mason University Office of Sponsored Program (OSP)

MSN 4C6

FAX: 703-993-2296 Phone: 703-993-2295

GMU #	Initial Review Date:	Revision #	Review Date:
Deadline:	Submission Date:	Start Date:	End Date:
Principal Investigator:		E-mail :	
Position Title:		Phone:	FAX:
Co-Investigator(s) Faculty Associates		Contact other than PI:	
		Email:	
		Phone:	Fax:
Lead Unit:			
Project Title:			
Sponsor:		Prime Sponsor:	
NSF Discipline Code:	CFDA:	Program Code:	
Type of Activity: <input type="checkbox"/> Research <input type="checkbox"/> Training/Instruction <input type="checkbox"/> Service <input type="checkbox"/> Fellowship <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Other _____			
Type of Award <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Subcontract <input type="checkbox"/> Coop Agreement <input type="checkbox"/> Other _____			
Yes ___ No ___ GMU subcontracting to another organization? <input type="checkbox"/> Budget with signature of Institutional Officer included			
Name(s) of subcontracting organization(s):			
FACILITIES & ADMINISTRATIVE (F&A) COST RECOVERY DISTRIBUTION			SUMMARY PROPOSED BUDGET
Rate charged to sponsor: ___% of MODIFIED TOTAL DIRECT COSTS			Sponsor \$
Distribution of 100% F&A costs recovered is as follows:			
30% University, 35% Provost			GMU Cash \$
Remaining F&A costs recovered will be distributed as follows:			
Principal Investigators	Department/Center	School/College/Institute	GMU In-kind \$
10.5%	7%	17.5%	
			Unrecovered F&A \$
			Tuition Contribution \$
			Other Cash \$
			Other In-kind \$
			\$
Total	Total	Total	Total Budget \$
10.5%	7%	17.5%	

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PI CERTIFICATIONS AND REPRESENTATIONS

PI SIGNATURE ON THE SIGNATURE PAGE OF THIS FORM CERTIFIES THAT THE INFORMATION IN THIS SECTION IS COMPLETE AND CORRECT.

Research Compliance

Will any of the following be involved in this project? If yes, approval of institutional review boards may be required before award can be made. Please refer to the following websites for information.

Website for Office of Research Subject Protections: <http://www.gmu.edu/research/ORSP/index.html>

Website for Environmental Health and Safety Office: <http://ehs.gmu.edu>

Yes ___ No ___ Laboratory Hazards _____
(See the laboratory hazards information sheet for more details.)

Yes ___ No ___ Human Subjects Research?
HSRB Protocol # _____

Yes ___ No ___ Human Subjects training completed?

Yes ___ No ___ Research with vertebrate animals?
IACUC Protocol # _____

- Check all that apply:
- Ionizing Radiation (Radioactive material or instruments that produce ionizing)
 - Infectious Materials (Risk Group 2 agents, human or non-human primate tissue, bodily fluids, cell culture, etc.)
 - Recombinant DNA
 - Biologically-derived Toxins
 - Environmental Samples
 - Other Biological Materials

Completion of the following is essential to the preparation and submission of your proposal.

**Financial Conflicts of Interest in University Contracts with Businesses
Under Virginia Law Policy (University Policy Number 4001)**

Disclosure to the Vice President for Research and a formal waiver, if necessary, must occur before any award is made. (The full policy can be found at <http://www.gmu.edu/facstaff/policy/newpolicy/4001res.html>)

I am ___ I am not ___ in violation of the Comprehensive Conflict of Interest Act, Section 2.2-3100 through 2.2-3127 of the Code of Virginia.

**Certification Regarding Financial Conflicts of Interest in Federally-Funded Research
(University Policy Number 410)**

<http://www.gmu.edu/facstaff/policy/newpolicy/research.html>

All Principal Investigators (PIs), Co-Investigators (Co-PIs) and any other person identified by the PI as responsible for the design, conduct or reporting of research on a NSF or NIH sponsored project are required to complete the Mason Conflict of Interest Certification prior to submission of a proposal; for all other Federally-sponsored projects, the certification must be completed within 30 days of submission of a proposal.

1. To access the Conflict of Interest Certification form, go to: <http://www.randed.gmu.edu/osp/coi/proposal/index.cfm>
2. The username and password are your GMU e-mail username and password.
3. Where indicated on the form, please fill in your full name, the GMU # (the proposal number assigned to your proposal by OSP) and the name of the sponsor. At the end of the form you will be asked to enter your initials prior to clicking on Submit.
4. After submission, both the respondent and the Office of Sponsored Programs will receive a confirming e-mail.

I do ___ I do not ___ have a significant financial conflict interest as defined in Policy Number 410.

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Misconduct in Research and Scholarship (University Policy Number 407)

<http://www.gmu.edu/facstaff/policy/newpolicy/research.html>

Prior to submission of a proposal to the National Science Foundation or before award set-up has been completed, the Principal Investigator (PI) and all personnel to be paid on the project should review this policy and are then required to successfully pass the quiz which can be found at: <http://www.randed.gmu.edu/research/researchmisconduct/index.cfm>

1. To access the Misconduct in Research quiz form, go to: <http://www.randed.gmu.edu/research/researchmisconduct>
2. The username and password are your GMU e-mail username and password. After entering your username and password, click on Submit.
3. On this screen, select your College/School from the drop-down menu, enter the name of your department or center, and enter the e-mail address of your dean, director or supervisor.
4. Once you have completed the quiz and submit it, the individual taking the quiz, the identified dean, director or supervisor and the Office of Sponsored Programs will receive an e-mail notification of the results.

National Institutes of Health (NIH) Public Access Policy

(see: <http://publicaccess.nih.gov/> for the policy)

This new policy ensures that the public has access to the published results of NIH-funded research. It requires scientists and researchers to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central (<http://pubmedcentral.nih.gov>). The policy requires that these final peer-reviewed manuscripts be accessible to the public on PubMed Central to help advance science and improve human health.

This policy applies to any manuscript that is peer-reviewed; is accepted for publication in a journal on or after April 7, 2008; and arises from any direct funding from an NIH grant or cooperative agreement active in Fiscal Year 2008; or any direct funding from an NIH contract signed on or after April 7, 2008; or any direct funding from the NIH Intramural Program. (See: <http://publicaccess.nih.gov/FAQ.htm> for frequently asked questions)

Project Description: Provide three key words that describe the work done on this project:

1. _____ 2. _____ 3. _____

➡ **WOULD THE SCOPE OF THIS PROJECT BE CONSIDERED INTERNATIONAL OR GLOBAL? YES__ NO__**

Location, Facilities and/or Specialized Equipment Needs must be negotiated with the appropriate University officials prior to submission of proposal. *Please indicate where project activities will be conducted and/or any facility and/or equipment needed.*

_____ On Campus GMU Building/Room No(s): _____ Specialized research facilities and/or equipment to be used:

_____ Off Campus Amount of Space _____ sq ft

Location/Address:

Yes__ No__ **Export Control:** Will this project involve exporting goods and/or technology to a foreign country or to a foreign national?

Yes__ No__ **Non-Resident Aliens or Foreign Nationals:** Will either be employed on the project?

Yes__ No__ **Course Release:** Will course releases be requested for any personnel on this project?

NOTE: Discussions regarding course releases are handled entirely by the department and college or school.

Yes X No__ **Proposal Abstract:** Permission is given to OSP to publicly distribute a short abstract of this proposal.

For all research-related university policies and procedures, please visit the Office of Sponsored Programs' web page at <http://www.gmu.edu/research/OSP/>

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Administrative Information, Cost Sharing and Special Needs Commitments

Sponsor Funding

FACULTY:

SPECIAL NOTES: (e.g., Cost share information)

PROJECT DESCRIPTION (SEE ATTACHED)

GMU Cost Sharing/In-kind Contribution:
 Please sign and provide a fund/org (account) number for the GMU cost share and/or in-kind contribution.

Faculty Name _____ FTE Amount _____

Signature (person responsible for org/fund) _____ date _____ Fund/Org (Account) Number _____

MultiUnit F&A Distribution: When faculty from two or more schools (colleges or institutes) submit research proposals, they will divide the recovered F&A based on the **total budgeted personnel expenses** (includes salary and benefits) associated for individuals in that school, college or institute. Note: This means that equipment, travel, supplies and other non-personnel expenses will not be used in calculating how F&A will be distributed to the major units. (Supported by D&D, May 2006). If units agree on another arrangement, it must be determined prospectively.

REVIEWED AND APPROVED FOR GEORGE MASON UNIVERSITY	
Signatures below constitute concurrence with and/or approval of all matters addressed in this proposal review. Signatures certify agreement with all elements of Indirect Recovery Distribution (see page 1) and all GMU resource commitments as described above and in budget. PI signature certifies that 1) the information submitted on the routing form and within the application is true, complete and accurate to the best of the PI's knowledge; 2) that any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties; and 3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.	
PI:	Date
Co-PI:	Date
Chair:	Date
Dean, Director, or Associate Dean:	Date
Director, OSP: Michael Laskofski	Date

Please direct questions or comments concerning information provided on this form to the Office of Sponsored Programs, 703-993-2295
 Notes (Please initial and date):

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Instructions to Grants Administrators: Drag this box onto the routing form when needed. To drag, click on center of top line and when you get the symbol with four arrows, just drag the box to the page above and insert it below the cost share box.

Special Needs: Facilities/Specialized Equipment/Rental Space
Provide location or brief description as appropriate. Must have signature of authorizing individual.

Space: Bldg: _____ Room(s) _____

Equipment : _____ Other : _____

Approved by: _____ Date: _____