

Office of the Chief Research Officer — Proposal Routing and Approval Form

When signed, call for pick-up: Marilet Sy 202-994-3612
Name Telephone number

A. Principal Investigator/Project Director Information

Org Number: 872213

Indicate the name of investigator(s) or director(s). If more than 3 faculty/staff, attach completed additional routing forms, as necessary.

1. Lead PI/PD: _____ Prevention & Comm. Hlth.
Name Title School/Department
2175 K St., NW, Suite 700
Office Phone E-mail
2. Co-PI/PD: _____
Name Title School/Department
3. Co-PI/PD: _____
Name Title School/Department

B. Proposal Information

1. Proposal title (complete title): _____
2. Short title (max. 30 characters): _____

C. Proposal Guidelines Information

1. If proposal is in response to RFP or sponsor announcement, then attach announcement with all guidelines or provide web address: _____

D. Proposal Type

1. Proposal Status: New Competing continuation Revision Non-competing Supplement
2. Existing P/T/A (if applicable): _____

E. Sponsor Information

1. Sponsor name and address: _____

2. Contact name/phone/e-mail: _____
3. Provide delivery address for a courier if different than U.S. mailing address: _____

4. Prime sponsor (if this will be a subaward to GW): _____

F. Deadline Information

1. Deadline: _____ 2. Indicate type of deadline: Receipt Postmark
Date (MM/DD/YY) Time

G. Subaward Information

1. Is a subaward/subcontract to another organization part of this proposal submission? Yes No
1a. If yes, submit completed subaward proposal checklist and related cost analysis forms available at <http://www.gwu.edu/~research/preforms.htm#sub>.

H. Compliance and Commitments Information (For questions 1-4: If pending, please indicate. If approved, attach forms.) Pending TBS*

1. Are there human subjects? Yes No 1a. If yes, provide IRB #/date: _____
IRB # IRB Date (MM/DD/YY)
2. Are there lab animals? Yes No 2a. If yes, provide IACUC#/date: _____
IACUC # IACUC Date (MM/DD/YY)
3. Are there radioactive materials (other than small test sources) or lasers (other than low-power pointers) involved?
 Yes No _____
4. Are there biohazards? Yes No 4a. If yes, indicate types: Pathogens Recombinant DNA
 Select Agents *TBS: To Be Submitted
5. Are patients involved? Yes No
5a. If yes, are patients: Hospital MFA Both
5b. If hospital facilities/resources involved, please attach [GW Hospital Question Form](#) for review.
6. Is there any cost sharing? Yes No 6a. If yes, attach [Cost Sharing/Facilities Approval Form](#).
7. If cost sharing, what type is it? Direct Indirect/F&A
8. Project location (GW campus building/room or U.S. address. If international collaboration or travel is involved, please indicate country here):
2175 K St., NW, Suite 700

9. Is renovation or additional space required for this project?
 9a. If yes, attach Cost Sharing/Facilities Approval Form; additional signature(s) required Yes No
 9b. If space renovations are required, does budget include renovation costs? Yes No
10. Is recognition for the award to be shared between two or more individuals/units?
 10a. If yes, attach Multiple Allocation Form. Yes No
11. Does this proposal involve the development of a new course/degree program?
 11a. If yes, attach approvals from EVP Academic Affairs and AVP Graduate Studies. Yes No
12. Are the technologies, information, software, equipment, services, and/or personnel subject to export control regulations? Yes No For more information, please check [the GW Policy on Export Control.](#)

I. Funding Information

| | Initial or Current Budget Costs | Total Project Costs |
|----------------|---------------------------------|---------------------|
| FUNDING PERIOD | | |
| START DATE: | (Enter as MM/DD/YY) | (Enter as MM/DD/YY) |
| END DATE: | (Enter as MM/DD/YY) | (Enter as MM/DD/YY) |
| Direct Costs: | \$ _____ | \$ _____ |
| F&A Costs: | \$ _____ | \$ _____ |
| Total Costs: | \$ _____ | \$ _____ |
| F&A Rate: | _____ % | _____ % |
| Cost Sharing: | \$ _____ | \$ _____ |

J. Intellectual Property

- 1 Do you anticipate that any new invention, process, or discovery may arise from this project? Yes No
- 2 Have you, or GW, ever licensed or attempted to license this technology, or related technology, to any party? Yes No

K. Approvals

1. INVESTIGATORS (ALL investigators must sign)

My signature below certifies that:

- The information contained on this form and in the corresponding proposal/application is accurate and complete to the best of my knowledge.
- The submission of this form without an accompanying Cost Sharing/Facilities Approval Form indicates that all necessary equipment, installation, shipping, new space, renovation, and/or modification costs are included in the proposal budget and that I do not expect GW to share in such costs.
- If an award is made, I am responsible for compliance with award terms and conditions and University policies and procedures; particularly for the technical conduct of the work, submission of technical reports, regulatory compliance, and financial management.
- I am in compliance with the GW policies on Misconduct and Conflict of Interest, accept responsibility for the scientific conduct of the project, if awarded, and have completed and attached the Financial Disclosure form.
- I am aware of federal requirements on lobbying, am in compliance, and have disclosed any lobbying activity.
- I am not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency.
- I am not aware of potential sponsor publishing restrictions or sponsor requirements for patent rights, which are in violation of GW policies.
- I am not delinquent on any federal debt, such as taxes, student loans, etc.
- Any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties.

| | | | |
|---------------|--------------------|---------------|--------------------|
| _____ Name | _____ Signature | _____ Name | _____ Signature |
| _____ Name | _____ Signature | _____ Name | _____ Signature |
| _____ Name | _____ Signature | _____ Name | _____ Signature |

2. CHAIRS, DIRECTORS, DEANS, VICE PRESIDENTS (ALL involved must sign)

My signature certifies that I have reviewed this proposal and all accompanying forms. The Department, Program, College, and/or Unit are aware of the requirements of this project and are committed to providing them, and agree with any allocation of recognition, except as noted.

| | | | |
|---------------|--------------------|---------------|--------------------|
| _____ Name | _____ Signature | _____ Name | _____ Signature |
| _____ Name | _____ Signature | _____ Name | _____ Signature |

3. ADDITIONAL SIGNATURES as required (Medical Center, GW Hospital, and/or Virginia Campus)

| | | | |
|---------------|--------------------|---------------|--------------------|
| _____ Name | _____ Signature | _____ Name | _____ Signature |
|---------------|--------------------|---------------|--------------------|

FOR OCRO USE ONLY: DO NOT WRITE IN THIS BOX

Assigned OCRO Proposal # _____

Data and Method of Proposal Transmittal _____

CDFA# _____ Sponsor Award _____

Funding Source Type: Fed./Fed.Pass-through Foreign

Prvt.Non-Profit For-Profit Local Govt./School Dist.

Project location: On Campus Off Campus

Name of Authorized OCRO Representative _____ Date _____

Signature of Authorized OCRO Representative _____

Name of RSC _____ Date Received by RSC _____

Signature of RSC _____