



Northwestern State University of Louisiana

SPONSORED PROGRAMS OFFICE (SPO) ROUTING FORM

FOR SUBMISSION OF PROPOSALS OR CONTRACTS TO EXTERNAL SPONSORING AGENCIES

INTERNAL USE ONLY. Please print, type or complete electronically. Submit full proposal and original forms with signatures to SPO.

Principal Investigator/Project Director (PI/PD): _____

PI/PD Telephone Number: _____

E-Mail Address: _____

College: _____

Department: _____

Other Faculty/Staff Involved: _____

Proposal Title: _____

Proposal Purpose: _____

Sponsoring Agency: _____

Agency Receipt Deadline: _____

Total Requested from Sponsor: _____

Total Institutional Match (cash and in-kind):\$ _____

Program Type: Competitive Non-Competitive

Proposal Type: New Continuation Renewal Supplement Award Received

NOTE: Responses may require approval and/or documentation.	YES	NO
Does this proposal obligate the University for cost-sharing? If yes, complete page 2 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
Are new positions requested?	<input type="checkbox"/>	<input type="checkbox"/>
Is re-assigned time for faculty or administrative personnel requested?	<input type="checkbox"/>	<input type="checkbox"/>
Is computer equipment, software, or networking service requested?	<input type="checkbox"/>	<input type="checkbox"/>
Will building or utility renovations be needed?	<input type="checkbox"/>	<input type="checkbox"/>
Is board review (e.g., Human Subjects, Animal Subjects, Hazardous Materials) required?	<input type="checkbox"/>	<input type="checkbox"/>
Is the sponsor asked to pay indirect costs? If yes, _____% of _____ budget. If no, attach documentation of sponsor's policy to this effect. (See attached pages from RFP.)	<input type="checkbox"/>	<input type="checkbox"/>
Will unbudgeted funds be required?	<input type="checkbox"/>	<input type="checkbox"/>

AUTHORIZATIONS: Signatures below certify that the referenced proposal has been reviewed and approved by that institutional representative relative to goals, mission, policies, and commitment of fiscal and personnel resources of that unit of the University. Signatures further certify that, from their own institutional perspective, the proposal is an efficient and economical use of University resources.

*****The need for approval #3 must be determined in consultation with Department Head.*****
*****PI/PD is responsible for obtaining signatures #1 through #6 below and as required on page 2.*****

1. PI/PD: _____ Date: _____

2. Physical Plant (if applicable): _____ Date: _____

3. Institutional Review Board (if applicable): _____ Date: _____

4. Department Head: _____ Date: _____

My signature also indicates agreement with the PI/PD's assessment of the need for the review and approval of the IRB.

5. Information Technology Services: _____ Date: _____

6. Program Dean or Non-Academic Vice President: _____ Date: _____

*****Approvals #7 – #9 will be obtained by the Sponsored Programs Office*****

7. Sponsored Programs Office: _____ Date: _____

8. Chief Financial Officer: _____ Date: _____

9. Provost and Vice President for Academic Affairs: _____ Date: _____

COST SHARING/MATCHING SCHEDULE

****Budget Unit Head signatures must be obtained by Principal Investigator****

Accounting Category	Cash ¹ , Un-bud Cash ² , In-Kind Contribution ³	Dollar Amount	Index/Fund Number	Budget Unit Head Signature
1000 Personnel (list)	(Select one below)			
(1)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(2)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(3)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(4)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(5)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
(6)	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
2000 Travel	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
3000 Operating Services	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
4000 Supplies	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
5000 Professional Services	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
6000 Other Charges	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
7000 Capital Outlay	Cash <input type="checkbox"/> Un-bud Cash <input type="checkbox"/> In-Kind Contribution <input type="checkbox"/>			
Total Budgeted Cash Match ¹				
Total Un-Budgeted Cash Match ²				
Total In-Kind Contribution ³				

¹ **Cash (budgeted cash match)** is defined as an actual expenditure for which there is an existing budget – restricted or non-restricted – and which requires allocation and approval of the budget unit head for that account.

² **Un-bud Cash (un-budgeted cash match)** is defined as an actual expenditure that will require allocation of new funds or re-allocation of existing funds, and which requires the approval of the President.

³ **In-Kind Contribution** is defined as the use of existing personnel, equipment, or facilities, which will not require additional expenditure, but which requires allocation and approval of the budget unit head responsible for the personnel or facility.