

**Northwestern State University of Louisiana
Office of Research and Sponsored Programs (ORSP)**

**ROUTING FORM FOR SUBMISSION OF GRANT PROPOSALS OR
CONTRACTS TO EXTERNAL SPONSORING AGENCIES**

NOTE: For internal use only. Please print or type. Deliver original proposal and forms with signatures to ORSP. Attach a copy of the "Notice of Intent to Develop a Proposal for External Funding" to this Routing Form.

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: _____ Sponsor Program: _____

Agency Receipt Deadline: _____ Location: _____

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 approvals and/or documentation	YES	NO
Does this proposal obligate the University for cost-sharing?		
Are new positions requested?		
Is re-assigned time for faculty or administrative personnel requested?		
Is computer equipment, software, or networking service requested?		
Will building or utility renovations be needed?		
Is board review (e.g., Human Subjects, Animal Subjects, Hazardous Materials) required?		
Is the sponsor asked to pay indirect costs? If yes, _____% of _____ budget. If no, attach documentation of sponsor's policy to this effect.		
Are cost sharing/matching, enhancement analysis, and indirect-cost distribution forms attached?		
Will unbudgeted funds be required?		

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 the University unit.

1. PI/PD: _____ Date: _____

****PI/PD is responsible for obtaining signatures #1 through #6.***
The need for approvals #2 and #3 must be determined in consultation with Department Head.*

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 Physical Plant and/or the IRB.

5. Information Systems: _____ Date: _____

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

****The Office of Research and Sponsored Programs is responsible for obtaining signatures #7 through #9****

7. Research and Sponsored Programs: _____ Date: _____

8. Vice President for Business Affairs: _____ 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 Number	Signature: Budget Unit Head
1000 Personnel (list)	(Check 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 Match¹				
Total Un-Budgeted Cash Match²				
Total In-Kind Contribution³				

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-Budgeted 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 the use of existing personnel, equipment, or facilities that does not require addition expenditure, but does requires allocation and approval of budget unit head responsible for the personnel or facility.

Enhancement Analysis

1. Sponsor Contributions: (Residual effects of grant)	
a. Indirect Costs Recovered (Overhead-Facilities & Administration)	
b. Computer Software	
c. Capital Outlay (usually equipment)	
Total 1. (a+b+c)	
2. University Direct Costs: (Do not show in-kind contributions)	
a. Budgeted Cash Match	
b. Un-Budgeted Cash Match	
c. Other Cash Costs (list)	
Total 2. (a+b+c)	
3. Net Enhancement (Contributions less Costs or #1 minus # 2 above)	

Indirect Cost Distribution (If applicable)

Indirect Costs	Percent of Total	Dollar Amount	Index Number	Budget Head Signature
Budget Unit:	____%			
Budget Unit:	____%			
Budget Unit: ORSP	50%		527107	
Total	100 %			