

**CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION**  
**Institutional Routing and Authorization Form**

**Submission Deadline to Funder** \_\_\_\_\_ (Routing due to SPF no later than 7 business days prior to submission deadline)

**PART 1 – INVESTIGATOR INFORMATION**

The Principal Investigator (PI), Co-Principal Investigator (Co-PI), and other faculty and staff named on this grant, agreement, contract or other instrument certifies by signing this routing that 1) They agree to be bound by the terms and conditions of the external grant or contract which supports this proposed activity; 2) They agree to abide by the research policies of the CSU (ICSUAM Section 11000), the University and Sponsored Programs Foundation including research misconduct, human subjects, conflict of interest, etc. 3) Their time commitments for this and other externally funded projects do not exceed 125% of time during the academic year per CSU policy, HR 2002-05 (dated 2/19/02); 4) They certify that they are aware of the federal regulations regarding Lobbying and Drug-Free Workplace and will comply as necessary; 5) They certify that they have not been disbarred, suspended, proposed for debarment, excluded or otherwise disqualified from participating in Federal contracts, 6) They have provided prior notification to their Chair and Dean about their intent to prepare this proposal.

A. Principal Investigator (PI)/Project Director Name \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Effort Type  Overload  Summer Salary  N/A

Release Time *If Release Time, please complete and attach APPENDIX A*

**Conflict of Interest:** Do you have a conflict or a potential conflict of interest related to the funder or anyone you plan to contract with or employ/compensate on the project?

No  Yes (*If Yes, please attach a brief explanation*)

B. Co-Principal Investigator (Co-PI)/Project Director Name \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Effort Type  Overload  Summer Salary  N/A

Release Time *If Release Time, please complete and attach APPENDIX A*

**Conflict of Interest:** Do you have a conflict or a potential conflict of interest related to the funder or anyone you plan to contract with or employ/compensate on the project?

No  Yes (*If Yes, please attach a brief explanation*)

**PART 2 - PROJECT INFORMATION**

Total Award Funds Requested \_\_\_\_\_

Total Cost Share/Commitment (*if applicable*) \_\_\_\_\_

Grand Total (*Requested + Cost Share*) \_\_\_\_\_

Project Title \_\_\_\_\_ (30 character limit)

Project Period (Dates within which all expenditures must be made) Begin: \_\_\_\_\_ End: \_\_\_\_\_

Brief Project Description:

**CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION**  
**Institutional Routing and Authorization Form**

**PART 3 - PROJECT INFORMATION CONT.**

A. Funding Agency or Organization \_\_\_\_\_

Program Solicitation Title or Number (If Applicable) \_\_\_\_\_

Award Type:  Grant  Cooperative Agreement \_\_\_\_\_  Contract-Cost Reimbursable  
 Contract-Fixed Fee  Subaward (Prime \_\_\_\_\_)

B. SPF's federally negotiated IDC rate is 47.5%. Does your budget include an IDC rate that is lower than 47.5%?

No  Yes If Yes, please attach: **APPENDIX B: IDC WAIVER REQUEST FORM**

C. Does the Funder require mandatory Cost Share/Match?

No  Yes If Yes, how much? \_\_\_\_\_ required or \_\_\_\_\_ required

If Yes, please attach: **APPENDIX C: COST SHARE COMMITMENTS**

D. Is this a Limited Competition Opportunity\*?  No  Yes

*\*A Limited Competition is a funding opportunity that allows only a limited number of submissions per applicant institution and/or PI.*

E. Anticipated Intellectual Property, Publishable Work, Copyrights, or Patents?

No  Yes If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

F. Hiring student employees?

No  Yes If Yes, estimated # of Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

G. Does this project include internships?

No  Yes If Yes, estimated # of paid internships \_\_\_\_\_ unpaid internships \_\_\_\_\_

H. Will your project be purchasing \$25,000 (or greater) in goods or services from a single vendor?

No  Yes If Yes, please review the SPF's Procurement/Purchasing Policy

I. Issuing a contractual agreement: (mark all that apply)  No  Yes

*Contract Types:*  Subaward  Contractual Services/ICA

J. Handling of export-controlled materials and/or information  No  Yes

K. Additional insurance coverage required (i.e. Specialized Certificates of Insurance)

No  Yes If Yes, please explain \_\_\_\_\_

**CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION**  
**Institutional Routing and Authorization Form**

**PART 4 - INSTITUTIONAL COMPLIANCE APPROVALS:**

A. Does this project require a plan for Responsible & Ethical Conduct in Research (RECR)?  No  Yes

\*Note - All personnel compensated on NSF, USDA-NIFA, and some NIH awards (including pass-throughs) are required to complete RECR training.

B. Does your project involve research on Human Subjects including research development, testing, and evaluation?

No  Yes      If Yes, please provide IRB Registration/Protocol Number: \_\_\_\_\_

C. Does this project include research or other use of vertebrate animals?

No  Yes      If Yes, please provide IACUC Protocol Number: \_\_\_\_\_

D. Does this project include items that need approval by the Biosafety Committee?

No  Yes      If Yes, please provide BUA Registration/Protocol Number: \_\_\_\_\_

E. Are you proposing any new curriculum or curricular changes?

No  Yes      If Yes, please provide the Curriculog Tracking Number: \_\_\_\_\_

F. Does this project include research utilizing the Telonicher Marine Lab and/or Coral Sea Vessel?

No  Yes      *If Yes, Marine Lab Director initial(s) here:*

G. Does this project include activities that require Risk Management review (e.g. cannabis, involvement of minors, incarcerated individuals, field work (physical/outdoors), boating/diving, & international travel?)

No  Yes      *If Yes, Risk Manager initial(s) here:*

H. Does this project include activities that require Boating/Diving Safety plans?

No  Yes      *If Yes, Boating Safety Officer initial(s) here:*

*If Yes, Dive Safety Officer initial(s) here:*

I. Does this project include activities that require any other prior institutional review (e.g. Facilities Management, Environmental Health and Safety, etc?)

No  Yes      *If Yes, other applicable institutional initial(s) here:*

J. If proposal includes International Travel, approval must be obtained from the President's Office:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
President/President's Designee Name

\_\_\_\_\_  
Date

*By signing, I certify that I have read and complied with the Approving Authority Responsibility section of the campus travel policy.*

**CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION**  
**Institutional Routing and Authorization Form**

**PART 5 – REQUIRED ROUTING SIGNATURES**

\_\_\_\_\_  
Pre-Award Specialist

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I have reviewed the request for proposals and verified the Foundation/University is eligible and qualified to administer this project if funded. I have reviewed the budget, scope of work, and letters of commitment (if applicable) submitted by the Principal Investigator and verify all required documents are included with this Institutional Routing and Authorization form.

**By signing below, I certify I have reviewed this routing in its entirety, including all applicable appendices, proposed project narrative/scope of work, and budget. I find this proposal to be acceptable and approve its submission to the funding agency identified in PART 3.**

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I have reviewed and agreed to the certifications outlined in Part I and I agree to fulfill all requirements for a grant or contract awarded on the basis of this proposal and will follow SPF/University administrative policies during the expenditure of funds.

\_\_\_\_\_  
Co-Principal Investigator *(if applicable)*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I have reviewed and agreed to the certifications outlined in Part I and I agree to fulfill all requirements for a grant or contract awarded on the basis of this proposal and will follow SPF/University administrative policies during the expenditure of funds.

\_\_\_\_\_  
Department Chair(s) or Supervisor(s)

\_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Date

I have reviewed this proposal for external funding and determined that the proposed project is not in conflict with the assigned duties of the principal investigator, project director or co-PIs or other members of the department/unit who may be affected.

\_\_\_\_\_  
College Dean(s) or Director(s)

\_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Date

I have reviewed this proposal for external funding and determined that the proposed project is consistent with educational objectives of the College/Academic Unit. The proposed project's total space needs and predictable impact on facilities and instruction have been examined and found acceptable.

\_\_\_\_\_  
Sponsored Programs Executive Director

Kacie Flynn

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I have reviewed this proposal for external funding and determined that budgeted costs in the proposal are consistent with SPF policies, including acceptable reimbursement for direct and indirect costs. Unless otherwise noted, I will negotiate cost and other contract or grant factors with the funding agency on behalf of, and in consultation with, the principal investigator or project director and will provide necessary assistance to the successful completion of the proposed activity.

\_\_\_\_\_  
Chief Campus Research Officer

Kacie Flynn

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I have reviewed this proposal for external funding and determined that any health, safety, and risk management implications of this proposal are acceptable. The proposed work involving human or animal subjects has been identified and registered with the appropriate board, or has been reviewed and approved by the appropriate review boards.

\_\_\_\_\_  
Vice President for Administration & Finance

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I have reviewed and approve the fiscal aspects of this proposal for funding in compliance with ICSUAM Section 11002.01, California State University Administration of Grants and Contracts in Support of Externally Funded Research and Sponsored Programs Activities.

**CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION  
Institutional Routing and Authorization Form**

**PART 6 – ATTACH PROPOSAL, INCLUDING SCOPE OF WORK AND TIMELINE**

**PART 7 – ATTACH BUDGET TEMPLATE**

**PART 8 – ATTACH APPLICABLE APPENDICES**

APPENDIX A	REQUEST FOR FACULTY RELEASE TIME FORM
APPENDIX B	IDC WAIVER REQUEST FORM
APPENDIX C	COST SHARE COMMITMENTS

**CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION  
Institutional Routing and Authorization Form**

**APPENDIX B  
IDC WAIVER REQUEST FORM**

Requested Indirect Cost Rate: \_\_\_\_\_

Reason for exemption from the 47.5% federally negotiated Indirect Cost Rate:

- Project falls under California Model Agreement (standard IDC rate of 35% MTDC) *effective 7/1/23*
- Project falls under California CESU (standard IDC rate of 17.5% MTDC, or 10% for NRCS)
- Project falls under CA Cooperative Fish & Wildlife Research Unit (standard IDC rate of 15% MTDC)
- Project falls under off-campus rate (26%)
- Allowable SBA rate for NorCal SBDC (20% MTDC)
- Standard IDC rate for Schatz Energy Research Center (25% MTDC)
- Intra-Campus Awards (15%)
- Requested rate is the maximum allowed by the funder for this program (see attached documentation)
- Other justification (attach any communication or documentation referenced herein):

Approved by:

\_\_\_\_\_  
Cal Poly Humboldt SPF Executive Director

**CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION  
Institutional Routing and Authorization Form**

**APPENDIX C  
COST SHARE COMMITMENTS**

BUDGETED COST SHARING AMOUNT								
Cost Sharing Category	3rd Party Cash*	3rd Party In-Kind*	Foregone Indirect Cost	University Cash	University In-Kind	Total Budgeted Cost Sharing	Source	Authorized Official Signature
Salaries & Benefits								
Supplies & Services								
Equipment								
Travel								
Other Direct Costs								
IDC								
Total Project Cost Share Amount								

**\* PLEASE ATTACH LETTER OF COMMITMENT FROM ANY 3<sup>RD</sup> PARTY CONTRIBUTOR**

I have reviewed all cost share commitments and have determined that proposed institutional matching funds (cost sharing) will not have an adverse effect on the department/unit's objectives. I have reviewed all cost share commitments and have determined institutional matching funds (cost-sharing) incorporated in this proposal, whether cash or in-kind, reflect an accurate and acceptable contribution to the project, and such matching (cost-sharing) will be documented to meet audit and funding agency standards. I will assist the principal investigator(s) or project director in providing documentation to verify the expenditure of the matching funds, whether cash or in-kind, and will review other expenditures as necessary.

APPROVED BY:

\_\_\_\_\_  
Department Chair(s) or Supervisor(s)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Dean(s) or Director(s)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date