

**HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS  
FOUNDATION INSTITUTIONAL ROUTING AND AUTHORIZATION  
FORM FOR EXTERNALLY FUNDED  
GRANT AND CONTRACT PROPOSALS**

TO: Principal Investigators, Project Directors and University Administrators

FROM: Humboldt State University Sponsored Programs Foundation

NOTE: **THIS PAGE SHOULD BE REMOVED PRIOR TO INSTITUTIONAL ROUTING**

Please attach to the Routing Form one complete copy of your proposal. That copy and the completed (after signatures) Routing Form will constitute HSU Sponsored Programs Foundation's file copy. Also, please note the following items:

1. Your proposal should specify that the applicant organization is:

HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION  
P.O. BOX 1185  
ARCATA, CA 95518-1185

Confusion over the applicant organization's name and address will delay the award.

2. The California State University system has entered into an agreement with the federal government regarding effort reporting on federal grants and contracts (background documents are OMB A-21 and BA 81-40). That agreement necessitates certain specific authorization processes which have been incorporated into the institutional routing process. The institutional routing process and the specificity of proposals have proved to be of significant importance in subsequent audits. While we have been fully cleared in such audits, it is important that we make contractual intent as clear as possible. For federal audit, we are now under the Single Audit Act; an OMB A-133 audit occurs annually. HSU Sponsored Programs Foundation is classified as a low-risk auditee.
3. The basic statement of institutional policy for externally funded grants and contracts is Executive Memorandum P 00-3 (March 2000), and it is periodically reissued or amended. Principal investigators/project directors should be familiar with that Executive Memorandum. Pertinent to the routing of grant proposals, P00-3 advises that a grant "...proposal must be submitted for review at least six work days prior to deadline meeting date." This also applies to contract proposals.
4. Note that this routing form was recently revised/expanded to emphasize issues concerning conflict of interest, human subjects, animal subjects and university matching costs.
5. The attached routing and authorization form is to be completed and signed for contract or grant proposals **PRIOR TO SUBMITTING THE PROPOSAL TO A FUNDING AGENCY OR ORGANIZATION**. The original completed form should be returned to HSU Sponsored Programs Foundation. Unless otherwise approved, HSU Sponsored Programs Foundation is the administrative sponsor for grants and contracts.

**Institutional Routing and Authorization Form  
For Externally Funded Grant and Contract Proposals**

**Part 1 -- COVER PAGE**

Principal Investigator / Project Director \_\_\_\_\_

Department \_\_\_\_\_

Project Title \_\_\_\_\_

Phone # \_\_\_\_\_

Brief Project Description:  
\_\_\_\_\_  
\_\_\_\_\_

Agency or Organization to Whom Submitted \_\_\_\_\_

Program Solicitation Title or Number \_\_\_\_\_

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

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

**Approvals:** (Attach copies of appropriate approvals. No expenditures will be authorized unless copies of the appropriate approval documents are on file in the Foundation.)

NO **1. Does this project include research on human subjects?**

YES Date Protocol Submitted to IRB \_\_\_\_\_ Approval Date \_\_\_\_\_

NO **2. Does this project include research or other use of vertebrate animals?**

YES Date Protocol Submitted to IACUC \_\_\_\_\_ Approval Date \_\_\_\_\_

NO **3. Does this project include other activities that require prior institutional Approval (Diving Safety, Health and Safety, Risk Management)?**

YES Please specify giving dates of submission and approval \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Approval Date \_\_\_\_\_

**Conflict of Interest Disclosure:**

I have nothing to disclose. Neither I, nor my spouse, nor any dependent children have any significant financial interests related to the funding for this project.

I, or my spouse, or my dependent children have a significant financial interest related to the funding for this project.

Should this project be funded, I will file Form 700 U at the beginning of the project, annually for the duration of the project, and when the project is completed.

Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR Office Use Only: Date completed routing received at HSUSPF \_\_\_\_\_

**Part 2 --EFFORT FORM**

**Summary of Anticipated Grant- or Contract-Related Personnel Effort Including Cost Sharing** -- Fill out one Effort Form for each professional working on this project.

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
(as given in grant or contract budget)

Are you an Academic Year (10 month) OR 12-Month Employee?

	Requested from Sponsor	HSU Cost Sharing	Other Match Source 1*	Other Match Source 2**
Academic Year Employee Overload	%	%	%	%
Year 1				
Year 2				
Year 3				
Year 4				
12-Month Employee Overload	%	%	%	%
Year 1				
Year 2				
Year 3				
Year 4				
Summer and other Non-AY Salary for AY Faculty	Mos.	Mos.	Mos.	Mos.
Year 1				
Year 2				
Year 3				
Year 4				
Release / Assigned Time	%	%	%	%
Year 1 - Fall				
Spring				
Year 2 - Fall				
Spring				
Year 3 - Fall				
Spring				
Year 4 - Fall				
Spring				

\*Indicate Other Source 1 of Match \_\_\_\_\_

\*\*Indicate Other Source 2 of Match \_\_\_\_\_

The signatures of the appropriate department chair and dean on the routing form (Part 5) authorize this person to participate in this sponsored project to the extent indicated in this table.

**Part 3 -- MATCH OBLIGATION (COST SHARE)**      Check here if NONE

This grant or contract proposal obligates the University to provide and/or document these matching funds:

Budget Category (Personnel, OE, Equipment, Facilities)	Item or Name	Amount (\$)	Source (Office or Department)	Account No.	Authorization Signature and Printed Name*

We recommend showing only those matching costs required by a funding source in your proposal narrative, budget and on this form. Humboldt State University Sponsored Programs Foundation is required to maintain evidence of cost share (match) that meets federal audit standards. The federal standards require us to maintain evidence of cost share expenditures similar to the evidence we maintain on direct expenditures. For example, time sheets document direct expenditure of payroll funds. To document matching personnel effort on a project, we need to place time sheets in our project file. The documentation of match is burdensome for the PI and for the Foundation. We strongly recommend keeping this burden to a minimum by proposing match only to meet required levels of match. HSUSPF staff are prepared to assist PIs with the development of documentation for match.

\*The authorization name and signature is of the person who has the authority to give permission for the use of the resources indicated.

**Part 4 -- SIGNATURES**

NOTE: For projects that involve more than one department or college, or more than one principal investigator or project director, additional signature lines have been added in the appropriate places.

Project Title: \_\_\_\_\_

1. Principal Investigator (or Project Director) and coPIs: I will fulfill all requirements for a grant or contract awarded on the basis of this proposal and will follow Foundation/University administrative policies during the expenditure of funds. The budget provides for sufficient resources to cover the proposed grant or contract activities including the fully allowed federal indirect cost rate. For those budgets that do not provide for the fully allowed federal indirect cost rate, I have provided a written rationale that requires approval by the Foundation Director for Sponsored Projects. I agree to provide documentation to verify the expenditure of the matching amounts, whether cash or in-kind, in the same manner as is required for the expenditures of grant or contract funds (as proposed in Part 2 and Part 3 of this form). I have signed the Cover Page regarding conflict of interest and have agreed to file Form 700 U. I agree that this proposal will not be submitted to a funding agency or organization prior to this routing being completed and signed by all parties and that this completed routing form will be returned to the Foundation.

Rationale for below cost indirect rate:

\_\_\_\_\_  
Principal Investigator Signature                      Name                      Date

\_\_\_\_\_  
coPrincipal Investigator Signature                      Name                      Date

\_\_\_\_\_  
coPrincipal Investigator Signature                      Name                      Date

2. Department Chair or Supervisor: The proposed project is not in conflict with the assigned duties of the principal investigator, project director or coPIs or other members of the department/unit who may be affected. Proposed institutional matching funds (cost sharing) will not have an adverse effect on the department/unit's objectives. I will assist the principal investigator 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.

Name \_\_\_\_\_ Department/Unit \_\_\_\_\_

\_\_\_\_\_  
Signature                      Date

Name \_\_\_\_\_ Department/Unit \_\_\_\_\_

\_\_\_\_\_  
Signature                      Date

Name \_\_\_\_\_ Department/Unit \_\_\_\_\_

\_\_\_\_\_  
Signature                      Date

3. College Dean, Administrative Dean or Director: The principal investigator or project director has been informed of University policies that are applicable to the funding of this proposal. The proposed project is consistent with our educational objectives. Personnel effort is approved as proposed in the effort summary. 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. The

proposed project's total space needs and predictable impact on facilities and instruction have been examined and found acceptable. In making this examination, I have included coordination with such units as Physical Services, the Telonicher Marine Laboratory, Media Services, Computing and Telecommunications Services, Center for Indian Community Development, etc.

Name \_\_\_\_\_ College/Division \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ College/Division \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ College/Division \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

4. Director for Grants Development and Management, Office for Research and Graduate Studies: The proposed project's impact (if any) on humans or animals as research subjects has been identified, reviewed and approved by the appropriate review boards. The budget for this project has been analyzed in terms of both requested costs and matching costs. Proposed matching cost expenditures are identified by account number. I have discussed with the principal investigator or project director the matching funds (cost-sharing) proposed in regard to the administrative procedure necessary to verify the provision of matching funds, whether cash or in-kind. I have reviewed the Conflict of Interest Disclosure and informed the PI that this routing form must be completed, signed, and returned to the Foundation prior to submitting the proposal to a funding agency or organization, and that if successful, the PI must file Form 700 U.

\_\_\_\_\_  
Signature (Dir. for Grants Development and Management) \_\_\_\_\_ Date \_\_\_\_\_

5. Foundation Director for Sponsored Projects: Budgeted costs are consistent with Foundation policies. The budget contains acceptable reimbursement for direct and indirect costs. I have reviewed and approved the written rationale for indirect cost reimbursement that is below the current federally approved indirect cost rate. 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. I have reviewed the health and safety and risk management implications of this proposal and taken appropriate action. If appropriate, I have reviewed this proposal with the Vice President for Development and Administrative Services or his/her designee.

\_\_\_\_\_  
Signature (Dir. for Sponsored Projects) \_\_\_\_\_ Date \_\_\_\_\_

6. Vice President for Administrative Affairs: I have reviewed and approve the fiscal aspects of this proposal for funding in compliance with Executive Order (EO) No. 890, California State University – Administration of Grants and Contracts in Support of Sponsored Programs, dated January 7, 2004.

\_\_\_\_\_  
Signature (VP for Administrative Affairs) \_\_\_\_\_ Date \_\_\_\_\_

7. Authorized Institutional Signer (Dean for Research and Graduate Studies): This proposal has been reviewed for consistency with University and Foundation policies and has the full endorsement of the University and the Foundation.

\_\_\_\_\_  
Signature (Dean for Research and Graduate Studies) \_\_\_\_\_ Date \_\_\_\_\_