



<b>R&amp;ED Proposal No:</b>	
<b>Date Due to Agency:</b>	
<b>If time due is earlier then 5:00 indicate:</b>	

**Directions:** This Routing Sheet must be completely signed before your proposal is submitted. Email the routing sheet to Sponsored Projects Administration along with your budget, budget justification, draft proposal, and any documentation of F&A limitation or cost share requirement. The individuals listed at the bottom of this sheet will review and sign electronically to indicate approval.

**Your proposal cannot be submitted until the routing process is complete.**

<b>Title of proposal:</b>			
<b>Agency submitted to:</b>		<b>RFP #:</b>	
<b>Electronic submission required by the following:</b>			
<input type="checkbox"/> grants.gov	<input type="checkbox"/> research.gov (NSF)	<input type="checkbox"/> NSPRIES (NASA)	<input type="checkbox"/> ASSIST (NIH) <input type="checkbox"/> Submitted by PI
<b>Type of proposal:</b>			
<input type="checkbox"/> New	<input type="checkbox"/> Renewal/supplement	<input type="checkbox"/> Revised budget	<input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Fixed
<b>Proposed state date:</b>		<b>Proposed end date:</b>	

PI:		Dept:		Email:	
Co-PI:		Dept:		Co-PI:	
Co-PI:		Dept:		Co-PI:	

TOTAL FUNDING REQUESTED IN THIS PROPOSAL		STUDENT SUPPORT REQUESTED IN THIS PROPOSAL	
Total Direct Costs:			
Total Indirect Costs:		Undergraduate:	
Total Overall Cost:		Graduate:	
Indirect Cost Rate Used:		Total Student Support:	
Indirect Cost Rate Allowed:			

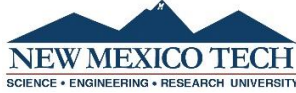
Does the Agency require indirect Costs to be reduced or waived?  NO  YES – Please attach copy of requirement  
 Does the Agency require cost-sharing?  NO  YES – Please attach copy of requirement

Amount of cost share	Source of cost share	NMT Account Number	Signature

**Will this project utilize ionizing radiation?**  NO  YES  
**Is this an NSF collaborative proposal?**  NO  YES – if yes – who is the lead?

**RESEARCH COMPLIANCE**  
 All researchers have completed RCR basic training  NO  YES  
 All projects involving human or animal subjects must be reviewed and approved by NMT’s IRB or IACUC before research can begin. This project WILL involve:  Human Subjects  Animals  
 Have all research staff (including the PI) completed the required training course?  NO  YES

Principal Investigator:		Date:	
Department Chair or Supervisor:		Date:	
Sponsored Projects Administration:		Date:	
VP for Research and Economic Development:		Date:	
VP for Administration and Finance:		Date:	
Research Service Specialist:		Date:	



## Conflict of Financial Interest Disclosure Form

[NMT Conflict of Interest Policy](#)

**Principal Investigator:** \_\_\_\_\_

	NO	YES
I have read the NMT Conflict of Interest Policy.		
I have taken the NMT Conflict of Interest Training.		
I have completed a Conflict of Interest Disclosure Form within the past 12 months.		
I have no changes to the current Conflict of Interest Disclosure Form on file.		

**PI Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Export Control Exclusion Screening

**Principal Investigator (PI):** Answer the following questions and submit to the **Sponsored Projects Administrator (SPA)** working on your proposal/grant/contract/agreement.

### \*\*\*IMPORTANT NOTICE TO PI\*\*\*

#### Consequence of Non-Compliance

Failure to comply with US export control laws can result in severe penalties to the individual that can include the following: Civil penalties up to \$500,000 for each violation; Criminal penalties can be applied up to \$1,000,000 each violation; and/or Imprisonment for up to 10 years.

**\* FURTHER INFORMATION SHOULD BE DESCRIBED IN THE ADDITIONAL INFORMATION SECTION**

Title:	PI Name:
<b>Fundamental Research Exclusion</b>	<b>Yes    No    Unknown</b>
See Fundamental Research — <a href="#">NSDD 189</a>	
Will the information be published and shared broadly in the scientific community?	
Are there any proprietary or U.S. government publication or access dissemination restrictions in the contract?	
Are there any restrictions on foreign national participation or requirements for U.S. citizens only in the contract?	
Will there be any foreign nationals and/or persons holding dual citizenship involved with the project? [*Provide the name and nationality of each individual if known or when available]	
Is any of the project equipment export controlled? [*Describe in Additional Information]	
Is any portion of the project being conducted at a site other than NMT? [Sub-awardees, Collaborators, Consultants, Other]. [* If “Yes,” Where]	
Will items and/or materials be shipped outside the United States? [*If “Yes,” What? Where? and To Whom?]	
Is travel outside the US anticipated? [* If “Yes,” Where?]	
<b>Educational Information Exclusion</b>	
See ITAR, <a href="#">22 C.F.R. § 120.11(8)</a> or EAR, <a href="#">15 C.F.R. § 734.8(c)</a>	
Is the information commonly taught at schools and universities?	
Are courses about this information listed in published course catalogs?	
<b>Other Terms Mentioned or Discussed Within the Project Documentation</b>	
* If “Yes” is indicated [*Describe in Additional Information]	
Encryption Software? [* If yes, contact the Office of Research – Research Compliance Officer <a href="mailto:export@npe.nmt.edu">export@npe.nmt.edu</a> ]	
Select Agents? [*If “Yes,” What is it?]	
Trade Secrets?	
Sanctioned or Embargoed countries? [*If “Yes,” Name?]	
ITAR (International Traffic in Arms Regulation) or Munitions List? [*If “Yes” Describe in Additional Information]	
EAR (Export Administration Regulations) or Export Control? [*If “Yes” Describe in Additional Information]	
PI Signature:	Date:
Received by SPA:	Date:
Compliance Officer Signature (if applicable):	Date:

**Additional Information**

Submit multiple copies of this page if more room is required.