



Deadline Date _____

Reviewed: _____

CALS Routing for Proposals

Account Number _____

Principal Investigator	Phone #	Email Address
Administer Dept. Name		Administering Dept. #
Departmental Contact	UA Phone #	Email Address
Proposal Title:		
UA Sponsor:		Prime Sponsor (If applicable):
Pr. Ann #/Web Link/Funding Opportunity #		
If proposal is to be submitted electronically, please provide system		Who will Submit:
What is the Email Address for the Submission:		What is the Name and Phone # of Contact:

Proposal Type:

IP # if Resubmission:

Activity Type:

Total Amount Requested: \$ _____ **Proposed Start Date:** _____ **Proposed End Date:** _____
(Direct Costs + F&A Costs) (mm/dd/yy) (mm/dd/yy)

F&A Rate % _____ **F&A Base**

(Stipulation provided/attached)

(Waiver Letter provided/attached)

Project Location (Select One): On Campus Off Campus (Facilities not owned/under central lease by UA, including County Extension offices)

Bldg _____ Room _____ If Off Campus, where will the project be located? _____

Will additional **space requirements** or space renovation be required?

If yes, please route the Space Request Form through your College.

Will this project generate **program income**? If so, on what?

Will there be **fabrication of equipment** on this project?

CALS Grants and Contracts Information Only:		
CALS Log Number: _____	All Approval Date: _____	Notes:
UAR Doc #: _____	SPS Approval Date: _____	
UAR Enter Date: _____	IP Number: _____	
grants.gov Tracking #: _____	NSF Tracking #: _____	

Cost Sharing or Matching Funds?
Source Account(s): _____
Set Number: _____
Comments:

Proposal Comments:
NSF Code:

Does the proposed work include any of the following?

- Vertebrate Animal Subjects †
 - Cancer Related Research
 - Collaboration w/ Foreign Nation(s) ††
- If Yes, list nation(s):

- Cancer Facilities
- rDNA/Microbial Pathogens †
- VA/SAVHCS Employees? (NIH ONLY)

Export Control Compliance (OFAC license may be required or prohibited based on answers)

- Hazardous Chemicals †
- FDA/EPA GLP Compliance †
- Human Subjects †
- Radiation †
- Bloodborne Pathogens †
- RCR Training Required?
- Native Persons Affairs

- Will you be working on a U.S. military base abroad?
- Does your research involve any of the following countries: ††

+ No Project activity allowed without approval of protocol and/or registration and training

†† If collaboration with, or travel to, foreign nation(s) marked "Yes", you must list foreign nations(s)

What Tribe:

Principal Investigator Summary

PI Name	Email Address	Have you submitted the appropriate reports to the COI Office?		% Effort	Distribution of F&A Revenue		Distribution of Credit for Award	
					F&A Dept #	% F&A Distrib	Award Dept #	% Awd Credit
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					

Please list any outside college information

Additional College Name(s):

Additional Department Name(s):