

Submission Deadline:
 Project Start Date:
 Project End Date:



Office of Sponsored Research Use Only
 ID# _____

INTERNAL Routing Sheet for Grant Proposals and Contracts Please submit this completed routing sheet with a draft proposal, a budget and any other certification forms/letters which require institutional signature to the OSR a minimum of five business days prior to the deadline. E: osr@holycross.edu P: (508) 793-2742

I. INVESTIGATOR INFORMATION

Project Personnel	First and Last Name	Academic Rank	Department	Phone Extension
Principal Investigator or Project Director:				
Co-PI:				

II. PROJECT INFORMATION

Title of Project: _____

Project Type: New Project Continuing Project Pre-Proposal

Award Type: Research Fellowship (Institution) Other

Does this project involve undergraduate student research? Yes No

Supported by Grant **# Supported by HC**

III. PROPOSAL INFORMATION RFP Link (Solicitation): _____

Name of Funding Agency: _____

Name of Collaborating Institution(s):
 (if HC is not the direct awardee) _____

Funding Source (Government or Private)	Federal City Foreign	State School Dist.	Corporation/Industry Foundation Other
--	----------------------------	-----------------------	---

IV. BUDGET DETAIL

Total Direct Costs:		Total Indirect Costs:		Total Request:	
Indirect Costs Calculation	50% Salary & Wages (excluding fringe benefits)	Does sponsor limit or exclude indirect costs? Sponsor's published IDC cost rate:		HC Cost Sharing: Total Amount: Acct No./Initials:	

V. COLLEGE OF THE HOLY CROSS RESOURCES

Does this project require any: (check all that apply)

Course Releases	Fiscal Year:	
Sabbatical		Fiscal Year:
Faculty Fellowship/Leave		Fiscal Year:
IT Personnel, Computer Software, Hardware:	Yes	No
Financial support after end date: (employment, equipment management):	Yes	No
Addition of new position/employee of HC:	Yes	No
Purchasing of Equipment:	Yes	No
Additional Space:	Yes	No
Renovations:	Yes	No
Travel (if not already included in the proposal):	Yes	No
Previous project related internal funding/support:	Yes	No

VI. COMPLIANCE REQUIREMENTS

1. Are Human Subjects to be used in any capacity (including surveys or interviews)?	Yes	No
<i>If Yes: 1a.) IRB Application Already Submitted</i>	<i>OR</i>	<i>IRB Application Not Yet Submitted</i>
<i>1b.) Application Status?</i>	<i>Under IRB Review</i>	<i>OR</i>
	<i>Application was approved by IRB</i>	
2. Are Animals to be used in any capacity?	Yes	No
<i>If Yes: 2a.) IACUC Application Already Submitted</i>	<i>OR</i>	<i>IACUC Application Not Yet Submitted</i>
<i>2b.) Application Status?</i>	<i>Under IACUC Review</i>	<i>OR</i>
	<i>Application was approved by IACUC</i>	
3. Are Biological, Chemical or Radioactive Hazardous Materials used in this project?	Yes	No
4. Does the proposal include any Proprietary and/or Confidential Information? COI Policy	Yes	No
5. Does this project include collaboration w/ a researcher or institution outside of the U.S.?	Yes	No
6. Does the project include the hiring of external assistance? If yes, check one of the following:	Independent Contractor/Individual Independent Contractor/Corporation Student Employment	

VII. ASSURANCES

Principal Investigator/Project Director Assurance:			
PI/PD:	Date:	Director of Sponsored Research:	Date:
Department Chair:	Date:	Finance (if applicable):	Date:
Dean of the Faculty:	Date:		