

EHSRC Proposal Routing Form

Please type or print all information

Project Director (Last Name, First Name) _____ Phone Number _____ FAX _____ Mobile (optional) _____

Academic Title _____

Department _____

Campus Address _____

Project Director E-mail _____ Project Location(s) (Bldgs., Rm. #s) _____

Project Title _____

Budget Information:

Current year amount requested from Sponsor

Direct Costs _____

Budget reviewed by mindy-sickels@uiowa.edu

Person to contact

regarding budget questions:

Name: _____

Phone No: _____

Administrative Considerations:

Yes No

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Will subcontractors be used? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Will consultants be used? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Will any relative(s) of the Project Director provide services for this project? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Does the budget include administrative or clerical salaries or non-personnel expense such as: office supplies, telephone, membership, and postage? These costs are generally not allowed unless specifically justified and approved in writing or in the notice of award. |

Will the project involve any of the following?

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5a. | Human subjects in research at UI? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5b. | Human subjects in research at alternate site(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Use of investigational drugs or devices in human subjects? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7a. | Vertebrate animals in research at UI? Common Names(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7b. | Vertebrate animals in research at subcontract site(s)? Common Name(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Recombinant DNA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | If "yes" is the research exempt from NIH guidelines? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Human pathogens? |

Please attach an explanation of any "yes" responses to questions 11 & 12 as required.

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Does any faculty, staff, or student involved in the design, conduct, or reporting of this project hold financial or other interests which could give rise to a conflict as defined in section 20.069 of the Univ. of Iowa Operations Manual? If "yes" attach UI Statement of Financial Interest form(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Will this project require additional or new space not currently assigned to your department or renovations or modifications to facilities (including expanded utility hookups)? If "yes", attach Space/Renovation Request form. |

Required Signatures Prior to Acceptance by Sponsored Programs. Incorrect responses on this form or failure to obtain required approvals may result in the withdrawal of the proposal.

This application has been prepared according to the ethical standards of The University of Iowa (70.046 Operations Manual). In its preparation, releases for all proprietary materials have been obtained and the intellectual work of others has been appropriately recognized and cited. I have reviewed and concur with the answers to all questions on this form.

I agree that publications emanating from this project will acknowledge the support of the University of Iowa Environmental Health Science Research Center NIEHS P30 ES05605.

Project Director

Date