

EHSRC Proposal Routing Form

Please enter 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

Person to contact regarding budget questions

Direct Costs: _____

Name: _____

____ Budget reviewed by mindy-sickels@uiowa.edu

Phone No: _____

Administrative Considerations:

- | Yes | No | |
|-------|-------|--|
| _____ | _____ | 1. Will subcontractors be used? |
| _____ | _____ | 2. Will consultants be used? |
| _____ | _____ | 3. Will any relative(s) of the Project Director provide services for this project? |
| _____ | _____ | 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?

- | Yes | No | |
|-------|-------|--|
| _____ | _____ | 5a. Human subjects in research at UI? |
| _____ | _____ | 5b. Human subjects in research at alternate site(s)? |
| _____ | _____ | 6. Use of investigational drugs or devices in human subjects? |
| _____ | _____ | 7a. Vertebrate animals in research at UI? Common Name(s): _____ |
| _____ | _____ | 7b. Vertebrate animals in research at subcontract site(s)? Common Name(s) (List below) |
| _____ | _____ | _____ |
| _____ | _____ | 8. Recombinant DNA? |
| _____ | _____ | 9. If "yes" is the research exempt from NIH guidelines? |
| _____ | _____ | 10. Human pathogens? |

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

Yes	No	
_____	_____	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 University of Iowa Operations Manual? If "yes" attach UI Statement of Financial Interest form(s).
_____	_____	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. 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 Sciences Research Center NIEHS P30 ES005605.

Project Director

Date