

HMS Sponsored Programs Administration Proposal Routing Form (Page 1 of 2)

Please complete all relevant fields and submit to your Sponsored Research Administrator. If applying for internal funding, please complete the fields that are identified with an asterisk (*) and include signatures on page 2.

Sponsored Internal: funding source is University (e.g. Milton, Hearst, etc.). Required only if awarded.

* Principal Investigator: _____ Faculty mentor (if Fellowship): _____

* Department contact: _____ * Phone #: _____ Org #: _____ * Root#: _____

* Project title: _____

Sponsor: _____ Prime sponsor: _____

Grant # (if applicable): _____ Prime Award # (if applicable): _____

Fund # (if applicable): _____ Funding announcement (RFA/PA)/Solicitation (RFP) #: _____

* Start date: _____ End date: _____ Total costs requested: _____

Sponsor due date: _____ Office submitting: _____

Submission type: _____ Submission medium: _____

* Human subjects: Yes No IRB protocol #: _____ Latest approval date: _____

* Animals: Yes No IACUC protocol #: _____ Latest approval date: _____

* Select agents Yes No COMS protocol #: _____ Latest approval date: _____

* Recombinant DNA: Yes No COMS protocol #: _____ Latest approval date: _____

* Infectious agents: Yes No COMS protocol #: _____ Latest approval date: _____

* Will human embryonic cells (hESC) be used in this project? Yes No

If yes, attach approval from Harvard ESCRO (Embryonic Stem Cell Research Oversight Committee) or mark as pending:

Does this project include the purchase of Genomic Arrays in excess of \$50,000.00 annually? Yes No

If yes, NIH proposals should budget these costs according to the NIH notice NOT-OD-10-097.

Does this project involve a clinical trial? Yes No If yes: Phase _____ Location _____

Does this project involve cancer research? Yes No

Other Tubs/Orgs involved (part-of accounts): _____

Subaward recipient institutions: _____

(Attach subrecipient paperwork – minimally, signature, budget and SOW – from each subrecipient.)

Will there be any travel to foreign countries on the US Sanctions list?
See list located at: <http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx> Yes No

If yes, identify countries: _____

Does the research involve the transfer of research results or equipment, or any shipments, to foreign countries? Yes No

Do you anticipate the purchase of any equipment or supplies that may have a military application (lasers, night vision goggles, etc.)? Yes No

Is PI's effort below 5%? Yes No If yes, please explain. _____

Is the budgeted F&A rate in accordance with HMS Rate Agreement? Yes No

Cost sharing: Yes No Cost share amount: _____ Additional space needed: Yes No

Matching funds: Yes No Matching funds amount: _____ Administrative salaries included: Yes No

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Provost Criteria (Check all applicable to this application.)

The project has an aggregate budget of more than \$5 million.

The project involves the public use of Harvard's name and/or trademark.

The project supports the establishment of any **new** international site.

The project is international **and** involves human subjects research.

The project involves, or is allied with, the direct provision of medical or clinical services.

More than 50 percent of the budget will not be expended at Harvard, but will be expended through vendors or subcontractors

A majority of project activities will be conducted by persons who are not Harvard staff.

For more information on any of the above, please check the criteria and procedures document.

Visit: http://hlcra.harvard.edu/files/provosts_review_criteria_september_2010.pdf.

1. The undersigned approve of this research project and accept responsibility for compliance with all regulations, laws and policies, as well as the use of space, salary verification, cost-sharing, and disclosure of conflicts of financial interest.
2. Principal Investigators who plan to work on this proposed project are also agreeing to the mandatory Assurance Certification, per NIH notice dated April 7, 2006 which states: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. All Harvard Principal Investigators who plan to work on this proposed project must sign this form. For more information see NIH Notice Number NOT-OD-06-054.
Visit: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-054.html>.

Principal Investigator	Date	Fellowship/Career Mentor	Date	Division/Dept Head	Date
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Multiple PI	Date	Other signature	Date	Other signature	Date
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SPA USE ONLY

Date received at SPA:

Reviewed by:

Reviewed completed date:

A-21 Code: A01 – Training Grant A01 – Fellowship A02 – Organized Research A03 – Other Sponsored Activities

Conflict of Interest Disclosure forms attached Retroactive: Yes No