



Proposal Routing Sheet

R&ED Proposal No.: _____

Directions: Attach this Routing Sheet to your original proposal and fill in as much information as you can. Sign this sheet and have your Department Chair sign it. Then send the proposal to **Sponsored Projects Administration Office (Wells Hall)**. The offices listed at the bottom of this sheet will review the proposal and sign to indicate approval. The R&ED Database Administrator will photocopy your proposal and then return the original to you. **Your proposal cannot be submitted until the routing process is complete.**

Brief title of proposal:

Agency to which proposal will be submitted:

Submission to the following Federal Agency required:

NSF DOE Grants.gov NSPIRES (NASA) OTHER, will be submitted by the PI Due Date:

Type of Proposal:

NEW RENEWAL REVISED BUDGET Cost Reimbursement Fixed Price (Budget justification is not required)

Proposed start date of project:

End date:

Principal Investigator(s):

Dept:

Phone:

Email:

TOTAL FUNDING REQUESTED IN THIS PROPOSAL:

Total Direct Costs: \$ _____

Total Indirect Costs: \$ _____

Total Overall Cost & Fee: \$ _____

Indirect Cost Rate used: _____

Indirect Cost Rate Entitled: _____

STUDENT SUPPORT REQUESTED IN THIS PROPOSAL:

Undergraduate: \$ _____

Graduate: \$ _____

Total Student Support: \$ _____

Does Agency require Overhead to be waived? NO YES -- Please attach copy of requirement by Agency

Does Agency require Cost-Sharing?

NO YES -- Percentage Required:

Are Cost-Sharing/Matching Funds included in this proposal?

NO YES -- Please provide the following information:

Amt. Of Cost Sharing:

Source:

NM Tech Acct. Number:

Approval (Required before Routing!):

HUMAN SUBJECTS / ANIMAL RESEARCH: ALL projects involving human or animal subjects must be reviewed and approved by Tech's IRB or IACUC before research can begin.

This project WILL involve: HUMAN SUBJECTS ANIMALS

Have all research staff (including the PI) completed the required training course? NO YES

Principal Investigator:

Date:

Department Chair or Supervisor:

Date:

Sponsored Projects Administration:

Date:

VP for Academic Affairs:

Date:

VP for Research & Economic Development:

Date:

VP for Administration & Finance:

Date:

President:

Date:

Research Service Specialist:

Date:

COMMENTS (Please attach another sheet if you need more space):



Conflict of Financial Interest Disclosure Form

Proposal Title:

Agency to which proposal is being submitted:

Principal Investigator (PI):

Dept:

Phone:

Email:

I have read the Conflict of Interest Policy

(<https://www.nmt.edu/research/docs/policies/ConflictOfInterestPolicy.pdf>) enacted by the New Mexico Institute of Mining and Technology, and hereby state that: (check one)

- I have no significant financial interests to disclose related to the proposed research at this time. I will file a new Conflict of Financial Interest Disclosure Form if any change occurs during the contract period.
- I have the following significant financial interests to disclose which may be related to the proposed research:

PI Signature: _____

Date: _____



Export Control Exclusion Screening

Principal Investigator (PI): Answer the following questions and return to the Sponsored Projects Administrator (SPA) working on your proposal/grant/contract/agreement.

Proposal Title:
Funding Agency/Institution:
Previous # (if continuation):

PI:
Proposal Number:
Est. Start Date:

Fundamental Research Exclusion	Yes	No	Unknown
Will the information be published and shared broadly in the scientific community?			
Are there any proprietary <i>or</i> U.S. government publication <i>or</i> access dissemination restrictions in the contract?			
Are there any restrictions on foreign national participation <i>or</i> requirements for U.S. citizens only in the contract?			
Will there be any foreign nationals and/or persons holding dual citizenship involved with the project? <i>* Provide the name and nationality of each individual if known or when available.</i>			
Is any of the project equipment export controlled? (If new, describe in "Additional Information" Section)			
Is any portion of the project being conducted at a site other than NMT? (SubAwardees, Collaborators, Consultants, Other [select one]). <i>* If "Yes," Where?</i>			
Will items and/or materials be shipped outside the United States? <i>*If "Yes," What? Where? and To Whom?</i>			
Is travel outside the US anticipated? <i>* If "Yes," Where?</i>			
Educational Information Exclusion			
Is the information commonly taught at schools and universities? (Please see Export Control Exclusion Screening Tip Sheet for more information.)			
Are courses about this information listed in published course catalogs?			
Other Terms Mentioned or Discussed Within the Project documentation			
Encryption Software? <i>* If yes, fill out the "Checklist for Encryption Software..." form from the Office of Research - Compliance office</i>			

Select Agents? <i>*If "Yes," What is it?</i>			
Trade_Secrets?			
Sanctioned or Embargoed countries? <i>*If "Yes," Name?</i>			
ITAR (International Traffic in Arms Regulation) or Munitions List? <i>*If yes</i>			
EAR (Export Administration Regulations) or Export Control? <i>*If "Yes," #</i>			

*****IMPORTANT NOTICE TO PI*****

Consequence of Non-Compliance

Failure to comply with US export control laws can result in severe penalties *to the individual* that can include the following: Civil penalties up to \$500,000 for each violation; Criminal penalties can be applied up to \$1,000,000 each violation; and/or Imprisonment for up to 10 years.

PI Signature:

Date:

Print PI Name: Phone/Email:

Received By (Pre Award SPA):

Date:

For Internal Office Use Only:

Reviewer (Print):

Reviewer signature:

Date:

***ADDITIONAL INFORMATION**
