

# PROPOSAL ROUTING FORM INSTRUCTIONS

Dartmouth College/Dartmouth Hitchcock Medical Center

## **INTRODUCTION**

This routing form must be completed for all proposals submitted to external funding entities. The form is used to route proposals for on-campus signatures and also serves as the data entry form for the Sponsored Research database at the College. Please note that the information requested may not be applicable to every proposal. Please call the Office of Sponsored Projects at 646-3007 if you have any questions.

The Council on Sponsored Activities has determined that all investigators must file a complete copy of proposals submitted to external funding entities with the Office of Sponsored Projects. This includes all submissions which require the signature of an authorized institutional official. Records maintained by Sponsored Projects are the official records of the College and are subject to review by auditors and other sponsor officials. This information is also used to generate monthly and annual reports detailing sponsored activity at the College, and is essential for the College's long range planning efforts. Timely submission of these documents will facilitate these activities.

Two days prior to the sponsor submission deadline, the original signed routing form, together with required supporting documents, must be delivered to the Office of Sponsored Projects. Required documents include, but are not necessarily limited to:

- Sponsor face page
- Abstract
- All budget pages, with justifications
- Check list page (NIH)
- Human subject and animal use approvals, as appropriate

Needed documents may vary depending on the requirements of the sponsor. Routing forms without the required Institutional signatures may be returned to the Principal Investigator.

A complete and final copy of the proposal must be delivered to the Office of Sponsored Projects; HB 6210, within ten (10) working days after the proposal has been submitted to the sponsor.

## **GENERAL INSTRUCTIONS**

These instructions are designed to provide assistance to those completing any of the two formats of the Proposal Routing Form (PRF). These formats are:

1. The Electronic Proposal Routing Form (ePRF), which is completed using web forms located at [http://oracle-www.dartmouth.edu/dart/groucho/gc\\_web\\_menu.dispatch](http://oracle-www.dartmouth.edu/dart/groucho/gc_web_menu.dispatch) .
2. One form for completing and submitting the PRF on paper:
  1. PDF: Fillable format designed to be completed and automatic calculation of proposal budget totals.

The instructions follow the order of information as it appears on the paper form. Whichever format is used, however, the information provided should be identical.

## **SPECIFIC INSTRUCTIONS**

**Principal Investigator:** Provide the name of the Principal Investigator as it appears on the proposal, including the PI's department and telephone number. Indicate the level of effort the PI will devote to this project.

**% Effort - 9 or 12 months:** For faculty with 9 month appointments who will devote academic time to this project enter the percentage of effort this investigator will devote to this project during the academic year (9 months) AND complete Off-term information. For all investigators with 12 month appointments: complete only this box with the percentage of effort this investigator will devote to this project. E.g., 1 month/9 months = 11%: enter 11 and complete Off-term field. 1 month/12months = 8%: enter 8.

**% Effort Off-term:** For 9 month appointments **only** enter the percentage of effort this investigator will devote to **this** project during the off-term. E.g., 1 month/3 months = 33%; enter 33.

**Co-Investigator:** Same information as PI. If more than one, report on a separate sheet. Enter information as it appears on the proposal.

**Key Personnel:** Same information as PI. If more than one, report on a separate sheet.

**Program:** If this project is being managed through one of the programs listed, please indicate here.

**Project Title:** Full title of the project, up to 250 characters (Note: Titles of NIH projects are limited to 56 characters, including punctuation and spaces between words). Enter information as it appears on the proposal.

**Sponsor:** Full name of the sponsor to which the proposal is to be submitted. Remember to identify the exact name of the sponsor (*e.g.*, National Cancer Institute or NCI, rather than National Institutes of Health or NIH). If sponsor is not frequently used, give full name rather than acronym.

**Deadline Due Date:** Date by which the proposal must be received by the sponsor.

**Program Solicitation:** Provide the number and title of any program solicitation, such as a Program Announcement (PA), Program Announcement reviewed in an institute (PAR), RFA (Request for Application), RFP (Request for Proposals). If this is a Special Appropriation, indicate the Public Law reference and the Federal Fiscal Year of the appropriation (*e.g.*, P.L. 108-7, FFY2003).

**Purpose:** Choose the correct category for this project. Note that this is a check box in the Adobe version of the form.

**Mechanism:** Choose the correct category. Again, this is a check box in Adobe.

**Type:** Same as Purpose & Mechanism, above. Choose the correct category; this is a check box in Adobe.

**Account #:** If this is a continuation of a 5-account, indicate the account number here.

**Budget:** For each project year, enter the start & stop dates, direct & indirect funds being requested. In Adobe version, it will calculate the total \$ requested per year, as well as the overall cost of the project.

**Indirect Cost Rate and Notes:** Indicate indirect rate used. If this is different from that documented in the Dartmouth College Institutional Profile, provide the rationale for using a different rate.

**Sub Recipients:** Indicate whether it is anticipated that this project will involve subrecipients.

**Financial Declaration:** This section consists of the statement beginning, 'This budget complies . . . ' This statement needs to be signed by the Department Financial Officer. As will all signatures on the PRF, this needs to be an original signature. Stamped signatures are not acceptable.

**Assurances & Requirements:** This section collects information regarding a variety of factors.

**Human Subjects:** Indicate whether this project will involve human subjects. If it will, provide the **Date** CPHS protocol approval was received, **CPHS Study Number**, **Type of Review**, and (if exempt) the **Exemption Category**. If the project will involve humans and CPHS approval has not yet been received, or is expired (*i.e.*, more than one year old) indicate "Pending" in the CPHS study ID field, together with the ID number, if you have one. Enter the date of the most recent CPHS approval.

**Exemption Category:** Categories are 1 through 6, see [45 CFR 46, Section 101 \(b\) \(1-6\)](#).

1. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:  
(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.
3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if:  
(i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.
5. Research and demonstration projects which are conducted by or subject to the approval of Department or Agency heads, and which are designed to study, evaluate, or otherwise examine:  
(i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.
6. Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

**Will HIPAA protected health information be used in this project?** See <http://www.dartmouth.edu/~cphs/references/hipaa.html> for a discussion of HIPAA and its applicability to a variety of situations.

**Animals:** Indicate if animals will be used. If so, indicate further the date IACUC approval was obtained, the species and quantity of animals being used, and the IACUC project number. If IACUC approval has expired or not yet been received, indicate "Pending" in the IACUC Project Number field.

**Environmental Health and Safety:** Work involving the following requires institutional approval and oversight. If applicable to your proposed or on-going work, failure to complete this section or to withhold information may be construed as misconduct. Contact EHS if you have any questions or need assistance (646-1762). Indicate whether any of the following is applicable.

**Radiation:** Ionizing radiation; non-ionizing radiation (lasers, specifically), (UV light used in molecular biology is excepted).

### **Class IIIb or IV Lasers**

### **Human blood, body fluids or unfixed tissues**

**Human Pathogens:** A link to the **American Biological Safety Association** "Risk Group Classification for Infectious Agents" website is provided for further information.

**Recombinant DNA** Recombinant DNA research falls under the oversight of the [Institutional Biosafety Committee \(IBC\)](#). By checking "Yes" you confirm that your research involves Recombinant DNA, whether it is exempt from IBC review or not.

**Select Agents:** A link to the **CDC** "Select Agent Program" website is provided for further information.

**Other hazardous chemicals:** A link to the **Dartmouth EHS** "Material Safety Data Sheets" website is provided for further information. You are asked here to specifically indicate whether materials in the following groups are being used:

- Chemicals classified as "extremely toxic" or "super toxic", with as  $LD_{50} < 5\text{mg/kg}$  by any route of entry. Consult current MSDS or toxicology literature for  $LD_{50}$  data. Some examples include colchicine, strychnine, cyanides, diisopropylfluorophosphate and cyanogen bromide.
- Extremely toxic or corrosive compressed gases with an  $LC_{50} < 5000$  ppm or classified by Department of Transportation as inhalation hazard.
- Explosive, temperature or shock sensitive material.
- Other unstable materials that may undergo chemical or physical changes during use or extreme processes involving high heat, pressure, vacuum or temperature. (Processes or chemicals that could generate byproducts or conditions that can overcome standard control measures or penetrate protective equipment to cause severe acute or lethal injuries.)
- Carcinogenic chemicals listed or defined by the National Toxicity Program in the Report on Carcinogens or the International Agency for Research on Cancer
- Mutagenic or teratogenic chemicals either known or suspected

**Cost Sharing:** Indicate the amounts needed, by category (salary & benefits, indirect costs, other). Indicate the source account for these funds. This section must be signed by the appropriate Dean or designee.

**Cost Sharing Account:** Identify the account # from which cost sharing funds will be drawn.

**Matching Funds:** Indicate matching funds to be applied to this project. Development Officer must sign this section.

**Certifications:** PIs indicate here that they have **Invention Agreement** on file, that they are not **debarred or suspended from federal funding**, that they are not **delinquent on any federal debt**, and that they and their co-investigators and key personnel have filed **conflict of interest (COI)** forms and have reviewed relevant Dartmouth policy. Principal Investigator must sign this section. Again, original signatures only - no stamps!

**Export Control Information:** The answers to the four questions are meant to alert OSP staff of the potential application of export control regulations to your proposal. Answering "yes" to any of the four questions will never delay proposal submission. OSP staff may, however, request further information from the investigator, but will generally do so after the grant application is completed and submitted. The questions are meant to be broadly interpreted. When in doubt always answer "yes".

1. Has the topic of export controls come up in any form in connection with this proposal?  
Answering "yes" simply means that the topic of export controls came up in the program announcement, in meetings with sponsor, discussions with co-investigators, or in some other venue where the grant opportunity was discussed.
2. Will the project include collaboration with a foreign organization? Answer "yes" if you are including a foreign subcontractor or subrecipient in the proposal or if you expect to involve a foreign organization in some way in your project.
3. Will the project involve the shipment of equipment or software outside of the United States? If it is possible you may ship or transmit electronically software abroad, answer "yes".
4. Will the project require the use of another party's proprietary information or materials? Answer "yes" if the project may receive information under a non-disclosure agreement from the sponsor or from a third party such as project partner, or consultant.

### Personnel/Space Requirements

- **Additional Personnel:** Will this proposal require additional personnel, beyond those already employed in the department? If so, how many, in FTE format?
- **Additional Space:** Will this proposal require additional space (office, laboratory, or other) beyond that currently available to the department? If so, how many square feet (estimated)?
- **Space Renovation:** Will office, laboratory, or other space to be used for this project require renovation? If so, will this be of Low, Medium, or High cost; with Low being under \$50,000, Medium between \$50,000 and \$150,000, and High over \$150,000?
- **DC/DHMC Office Space:** Will this proposal require the use of existing DC/DHMC office space? If so, what building and room? On the ePRF version of the form, select the building from the list provided and on the Adobe version, type in the information. If the building is not on the list, select "Other" and indicate the building in the space provided. DC/DHMC space is defined as space owned, rented, or leased by Dartmouth College or Dartmouth/Hitchcock Medical Center.
- **DC/DHMC Research Lab Facilities:** Will this proposal require the use of existing DC/DHMC research laboratory space? As above, for office space, indicate the building and room.
- **Clinical Lab Facilities:** Will this proposal require the use of existing DC/DHMC clinical laboratory space? As above, for office space, indicate the building and room.
- **In-Patient Facilities:** Will this proposal require the use of existing DC/DHMC in-patient facilities (*e.g.*, patient rooms, operating room)?
- **Out-Patient Facilities:** Will the proposal require the use of existing DC/DHMC out-patient facilities (*e.g.*, clinic space, examining or procedure rooms)?
- **Non-DC/DHMC Facilities:** Will work for this proposal take place in Non-DC/DHMC facilities (*e.g.*, other clinics, hospitals, laboratories)? If so, specify where in the space provided (*e.g.*, geographic location, address, name of institution).
- **Work at a Foreign Site:** Will work take place outside the political boundaries of the USA? If so, this should have been identified in the space above, when identifying the location of Non-DC/DHMC facilities.

**Required Signatures:** Note that the signature of the Clinical Research DHMC Financial Administrator has been added to the list of required signatures. This requirement is added for all clinical research. As noted above, only original signatures are acceptable. No signature stamps may be used on the Proposal Routing Form. By signing the routing form, principal investigators agree to comply with certification statement appearing above the PI signature line.

Department chairs for all personnel listed on a grant application with 5% or greater effort, must sign the Proposal Routing Form.