

The Routing Form is to be completed by the Sponsored Projects Office (SPO) and the Project Lead. The purpose of this form is to gather information necessary to obtain appropriate internal administrative and academic approvals.

The following information will help you navigate the information required for the Sponsored Projects Office to begin the review process of your proposal.

1. Enter the name of the Principal Investigator (PI)/Project Director (PD) that will take the lead on this project. Principal Investigator (used interchangeably with Project Director) is the individual designated by the university to have the appropriate level of authority and responsibility to direct the project or program to be supported by the award.
2. Enter the name of the PI/PD's direct supervisor that will approve of their participation in the project. It is the responsibility of the PI/PD to consult with their supervisor of this project prior to the submission of this form.
3. Enter the name of the Division or Center where the award will be housed (e.g., Computer Science, Abby's House, Health and Exercise Science, CELYD, etc.)
4. Enter the name of the anticipated Co-Investigator/Co-Director(s) for this project along with their division/center and the name of their supervisor(s).
5. Enter the name of the anticipated Project Title.
6. Enter the name of the Funding agency you are submitting this proposal to.
7. What is the funding source for this project: Federal, State, Foundation, Other?
8. Enter the website for the funding source where more information and/or the RFP can be found.
9. What type of proposal are you seeking: Grant, Contract, Subaward, Award to the WOU Foundation?
10. What type of project is this: Research, Instructional/Training/TA/Curriculum Development, Public Service/Outreach, Equipment, Other?
11. What is the deadline of the application submission? Please enter the date and time if applicable from the funder.
12. What are the project dates for this proposal?
13. What is the Date you anticipate receiving the funding decision?
14. What is the method of submission: U.S. Postal Services, Online, Email, Other?
15. If Online, who will submit the proposal: WOU Sponsored Projects Office or someone else?
16. What are the anticipated costs for this project that you are asking for? Please be sure to include the anticipated direct costs, anticipated indirect costs, and total project costs. These numbers should match what is listed on your budget sheet. If the sponsor has a published indirect rate that is different from what WOU has negotiated, please enter the percentage they allow.
17. You will need to identify an alternative index to be charged for unallowable costs and over expenditures. Please include the index number and name of the Administrator associated with this index.
18. Will this project involve student and/or animal participation? If yes, please let us know the status of your IRB/IACUC application.
19. Will WOU be the pass-through entity for any subawards? Meaning, will WOU provide a subaward to an outside recipient to carry out a portion of the award? If yes, please complete Attachment D and include all required documents stated on the form for each subrecipient.
20. Each principle member of the team will need to complete the Conflict of Interest Form and submit it individually to the Sponsored Projects Office at sponsoredprojects@wou.edu The form can be found at: [SPO Forms](#)

Additional documents/Attachments to include are the following:

Attachment A: Administrative Support Form - This form outlines who will be assisting with the administrative support roles for this project. Administrative Support assists with duties such as: monthly budgets/transactions, payroll adjustments, purchasing, contracts, travel, subaward budget monitoring, JV assistance, and compliance forms assistance. This person must have Banner access for each item assigned. If you are not sure if they have the proper access, please ask them and/or their supervisor. Please list the name of the person who will serve as the administrative support for each item and indicate who their supervisor is.

Attachment B: Budget - The SPO Grants and Contracts Specialist will be working with you directly to complete your budget for this project. You are welcome to use the template provided by the SPO or if the funder has their own budget template, you can use that instead. Please ensure that the budget includes a detailed budget for the project, all faculty/staff effort plan, contract/subaward budgets and justification, name of who will be supervising student workers if applicable, and budget justification.

Attachment C: Detailed Cost Sharing/WOU Commitments (IF APPLICABLE) - If your project will not require WOU Cost Share, matching funds, in-kind services, or revenue then this form is not required. If the project requires WOU Cost Share, matching funds, in-kind services or revenue, then you must complete Attachment C and include it with this form. Please note, if this box is checked we will need to get approval from the WOU Budget and Planning Office which will be initiated through the SPO team via Adobe Sign. Cost-Share/Match is when a portion of the project or program costs are not covered by the funding agency. While the terms may be used interchangeably, the term matching is a specific type of cost sharing, typically used when a sponsor requires the university to “match” the sponsored funding according to specified ratio. Some sponsors require the university to reflect their commitment to a project by sharing in its costs, however not all do.

Attachment D: Subaward Checklist (IF APPLICABLE) - If your answer to question 19 is yes, you must complete the Subaward Checklist for each subrecipient involved in your project that will be receiving funds from WOU. If additional space is needed, please attach additional form(s) which can be found at ([SPO Forms](#)). For each subrecipient, the following must be included in your proposal:

1. Letter of Commitment – signed by an authorized representative.
2. Scope of Work – Must include dates of project period.
3. Detailed Budget – Must include all activities and match the amount on the risk assessment form.
4. Subrecipient Risk Assessment Form – Signed by an authorized representative.

Attachment E: Project Summary Form - This form outlines the scope of your project along with university resources that may be needed to complete the project. Examples of campus resources include but are not limited to:

- Learning Management Software (WOU contracted/owned software)
- Office/Lab space
- Meeting/Classroom space
- Equipment
- Any other WOU funded materials, supplies, or digital resources

How to submit the form

A member of the SPO team will get this form started for you. Once you receive the form, please complete all fields remaining and email this form and all necessary attachments along with the budget justification and the final budget to the SPO at (sponsoredprojects@wou.edu) a minimum of **five (5) business days** prior to the grantor submission deadline.

All signatures will be routed and obtained by the SPO directly via Adobe Sign. Once all signatures have been and the proposal is approved, the PI/PD will be notified and steps to submit the proposal application can be initiated.

If you have any questions or need assistance completing this form, please contact the Sponsored Projects Office at sponsoredprojects@wou.edu and we are happy to help.

This **form** is to be completed by the Project Lead submitting the proposal. The purpose of this form is to gather information necessary to obtain appropriate internal administrative and academic approvals. Complete and submit this form to the Sponsored Projects Office (SPO) (sponsoredprojects@wou.edu) as your second step after filling out the Intent to Submit form. The SPO requires the completed submission documents, including budget, **at least five business days** before the grantor deadline. All proposals for extramural support must be reviewed and approved before submitting to the funder. All signatures required on this routing form will be initiated by the SPO.

Sponsored Projects Office Use Only:

1. PI/PD'S Name and Email	
2. PI/PD's Supervisor's Name and Email	
3. Division or Center where the award will be housed, and support will come from	
4. Co-Investigator(s) name(s) and Divisions/Center as well as the name/email of their supervisor(s)	
5. Project Title	
6. Funding Agency	
7. Type of Funding Source	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Foundation <input type="checkbox"/> Other:
8. Funding Source website	
9. Type of Proposal (Select all that apply)	<input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Subaward <input type="checkbox"/> To WOU Foundation
10. Type of Project (Select one)	<input type="checkbox"/> Research <input type="checkbox"/> Instructional/Training/TA/Curriculum Development <input type="checkbox"/> Public Service/Outreach <input type="checkbox"/> Equipment <input type="checkbox"/> Other:
11. Deadline for Submission	
12. Project Period	
13. Date of Expected Funding Decision	
14. Method of Submission	<input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> Online <input type="checkbox"/> Email <input type="checkbox"/> Other: Please enter below the address to send to or the other process of submission:
15. If Online Submission, who will submit?	<input type="checkbox"/> WOU Sponsored Projects Office <input type="checkbox"/> Other (include name and email):

16. Anticipated Project Costs

Anticipated Direct Costs	\$
Anticipated Indirect Costs	\$
Total Project Costs	\$

Please note Western Oregon University's federally negotiated Indirect rate is 22%. This indirect rate should be incorporated into any budgets submitted. If you need an exception because of any of the following reasons, please make sure to check the reason below:

- The sponsor does not allow indirect costs
- The sponsor's published indirect rate is: _____%
- If through WOU Foundation, include the 5% fee

17. Unallowable Costs and Over Expenditures

Identify an alternative index to be charged:

Index #: _____ Name of Administrator: _____

18. Does the project involve student and/or animal participation?

- Yes No

If Yes, what is the status of the IRB and/or IACUC application?

Lead Institution:	IRB/IACUC #: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Submitted <input type="checkbox"/> To be submitted Date of Approval, Submission, or to be submitted on: _____
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19. Will WOU be the pass-through entity for any subawards?

- Yes - If Yes, please complete Attachment D (see below)
- No

20. Conflict of Interest form

- Completed

Each principal member of the project must complete a conflict of interest form and submit it to the Sponsored Projects Office. Conflict of interest forms can be found at: [SPO Forms](#)

Additional documents/Attachments to include are the following:

Attachment A: Administrative Support

- Attachment A is included with this routing form.
Please see “Attachment A” at the end of this document. This is the only attachment that cannot be in a different format.

Please note for attachments B and C you can use your own format as long as it fulfills all of the required check boxes. Sponsored Projects Office has worksheets available for use if you need any assistance completing the documents required.

Attachment B: Budget Attachment

- Detailed Budget please mark as “Attachment B”

Budget Attachment B should include:	<input type="checkbox"/> Detailed Budget	<input type="checkbox"/> Staff/Faculty Effort Plan	<input type="checkbox"/> Approval of Staff/Faculty Plan
	<input type="checkbox"/> Contract/Subaward budgets and justification	<input type="checkbox"/> Who will be supervising student workers	<input type="checkbox"/> Budget Justification

Attachment C: Detailed Cost Sharing/WOU Commitments

- This project **will not** require WOU Cost Share, matching funds, in-kind services, or revenue.
- This project **will** require WOU cost share, matching funds, in-kind services or revenue. If checked, please make sure to complete **Attachment C**.

Attachment D: Subaward Checklist

If you are awarding a portion of your grant funds to an outside entity to complete a portion of work on this project, you must provide us with the sub awardee information for each subaward you will offer. The following documents must be attached when submitting this form:

- Letter of Commitment
- Scope of Work
- Detailed Budget
- Risk Assessment Form ([SPO Forms](#))

Attachment E: Project Summary Form

This form outlines the scope of your project along with university resources that may be needed to complete the project. Examples of campus resources include but are not limited to:

- Learning Management Software (WOU contracted/owned software)
- Office/Lab space
- Meeting/Classroom space
- Equipment
- Any other WOU funded materials, supplies, or digital resources

Attachment A

Administrative Support

Please list who will be assisting with Administrative Support and the name of their supervisor. Please note, the person assigned to each task must have the appropriate Banner access and/or the ability to make purchases and complete necessary forms as noted below. If you are not sure if the person has the necessary access, please ask their supervisor.

Supervisor approval will be initiated by the SPO team directly via Adobe Sign

	Need for Project	Administrative Support	Administrative Support Supervisor	Administrative Support Supervisor approval *
Budgets, Transactions and Reports	Yes			
Payroll Adjustments				
Purchasing				
Contracting				
Travel				
Subaward budget monitoring				
JV assistance				

Attachment C

Cost Sharing/ Matching Commitments

Please complete each section below

Signatures from administrators will be initiated by the SPO team directly via Adobe Sign

Staff Cost Matching

Name/ Position	Division/ Department	Time Frame of effort	Amount of effort (If designated)	Cost (If designated)	Index	Name of administrator	*Administrator Approval*

Faculty Cost Matching

Name/ Position	Division/ Department	Project effort and plan including contract availability	Amount of effort (If designated)	Cost (If designated)	Index	Name of administrator	*Administrator Approval*

Supplies/ Services or Other Cost Matching							
Supplies/Services	Division/Department Responsible for Purchase	Time Frame of match	Amount of effort (If designated)	Cost (If designated)	Index	Name of Administrator	*Administrator Approval*

Attachment D**Subaward Checklist**

Please complete each section for every subaward included in your proposal.

Subrecipient #: _____

Company Name: _____

Company Address: _____

Contact Person Name: _____

Contact Person Phone: _____

Contact Person Email: _____

Dates of Contract: _____

Attach the following documents:

- Letter of Commitment
- Scope of Work
- Detailed Budget
- Risk Assessment Form ([SPO Forms](#))

Subrecipient #: _____

Company Name: _____

Company Address: _____

Contact Person Name: _____

Contact Person Phone: _____

Contact Person Email: _____

Dates of Contract: _____

Attach the following documents:

- Letter of Commitment
- Scope of Work
- Detailed Budget
- Risk Assessment Form ([SPO Forms](#))

Attachment E**Project Summary**

Please tell us the scope of your project along with all university resources that may be needed to complete the project.

Examples of campus resources include but are not limited to:

- Learning Management Software (WOU Contracted/Owned Software)
- Office/Lab Space
- Meeting/Classroom Space
- Equipment, any other WOU funded materials, supplies, or digital resources

Name of PI/PD: _____

SPO Number: _____

Title of Project: _____

WOU Resources Requested for Project:

1 Page Project Summary/Abstract:

For Sponsored Project Office Use Only

All signatures required on this routing form will be initiated by the Sponsored Projects Office

PI certification: I certify that the information provided on this form is accurate and complete as of this date. I agree to accept responsibility for the scientific or technical conduct of the project and for provision of required technical reports if an award results from this application. My signature below certifies that:

1. I have reviewed this proposal with my Division Chair/Supervisor and College Dean (where applicable);
2. I agree to abide with applicable WOU policies; and
3. I agree to be bound by the terms and conditions of the funding agency that supports this proposed activity.

Project Director/PI: _____

Co-PI(s): _____

Co-PI(s): _____

Division, College and unit certification: I have reviewed the proposal submission. My signature below indicates my approval of the proposed project, budget, and cost share (if applicable) and signifies my commitment to provide the necessary administrative support if the proposal is funded.

Division Chair/Supervisor/Center Director: _____

Dean, Provost, or Vice President: _____

If the proposal submission requires a non-profit 501c3 status:

WOU Foundation: _____

If the proposal submission requires Cost Sharing/WOU Commitments:

WOU Budget and Planning Office: _____

Institutional Authorization: This application's text and budget have been reviewed for completeness, consistency With sponsor instructions and requirements, federal and state regulations, and WOU policies.

Sponsored Projects Office Pre-Award Approval: _____

Sponsored Project Official: _____

Breeann Flesh
WOU Authorized Institutional Representative

The Authorized Institutional Representative signature is required before proposals are formally submitted to funding agency.