CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION
Institutional Routing and Authorization Form

Version 6.16.26

Submission Deadline to Funder _____ (Routing due to SPF no later than 7 business days prior to submission deadline)

PART 1 – INVESTIGATOR INFORMATION

The Principal Investigator (PI), Co-Principal Investigator (Co-PI), and other faculty and staff named on this grant, agreement, contract or other instrument certifies by signing this routing that 1) They agree to be bound by the terms and conditions of the external grant or contract which supports this proposed activity; 2) They agree to abide by the research policies of the CSU (ICSUAM Section 11000), the University and Sponsored Programs Foundation including research misconduct, human subjects, conflict of interest, etc.; 3) Their time commitments for this and other externally funded projects do not exceed 125% of time during the academic year per CSU policy, HR 2002-05 (dated 2/19/02); 4) They certify that they are aware of the federal regulations regarding Lobbying and Drug-Free Workplace and will comply as necessary; 5) They certify that they have not been disbarred, suspended, proposed for debarment, excluded or otherwise disqualified from participating in Federal contracts; 6) They have provided prior notification to their Chair and Dean about their intent to prepare this proposal; 7) They certify that they are not party to a Malign Foreign Talent Recruitment program.

A. Principal Investigator (PI)/Project Director Name _____

Department _____

Phone Number _____ Email _____

Effort Type ☐ Overload ☐ Summer Salary ☐ N/A

☐ Release Time *If Release Time*, please complete and attach **APPENDIX A**

Conflict of Interest: Do you have a conflict or a potential conflict of interest related to the funder or anyone you plan to contract with or employ/compensate on the project?

☑ No ☐ Yes (*If Yes,* please attach a brief explanation)

B. Co-Principal Investigator (Co-PI)/Project Director Name _____

Department _____

Phone Number _____ Email _____

Effort Type ☐ Overload ☐ Summer Salary ☐ N/A

☐ Release Time *If Release Time*, please complete and attach **APPENDIX A**

Conflict of Interest: Do you have a conflict or a potential conflict of interest related to the funder or anyone you plan to contract with or employ/compensate on the project?

☐ No ☐ Yes (*If Yes*, please attach a brief explanation)

PART 2 - PROJECT INFORMATION

A. Total Award Funds Requested _____

Total Cost Share/Commitment *(if applicable)* _____

Grand Total *(Requested + Cost Share)* $ 0.00

B. Project Title _____ (30 character limit)

C. Project Period (Dates within which all expenditures must be made) Begin: _____ End: _____

D. Brief Project Description:

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PART 2 - PROJECT INFORMATION (CONTINUED)

E. Funding Agency or Organization _____

Program Solicitation Title or Number (if applicable) _____

Award Type: ☐ Grant ☐ Cooperative Agreement _____ ☐ Contract – cost reimbursable

☐ Contract – fixed fee ☐ Subaward (Prime Funder) _____

F. SPF's federally negotiated IDC rate is 45%. Does your budget include an IDC rate that is lower than 45%?

☐ No ☐ Yes If Yes, please attach: **APPENDIX B: IDC WAIVER REQUEST FORM**

G. Does the Funder require mandatory Cost Share/Match?

☐ No ☐ Yes If Yes, how much? _____ (% or $)

If Yes, please attach: **APPENDIX C: COST SHARE COMMITMENTS**

H. Is this a Limited Competition Opportunity*? ☐ No ☐ Yes

**A Limited Competition is a funding opportunity that allows only a limited number of submissions per applicant institution and/or PI.*

I. Anticipated Intellectual Property, Publishable Work, Copyrights, or Patents?

☐ No ☐ Yes If Yes, please explain _____

J. Hiring student employees?

☐ No ☐ Yes If Yes, estimated # of Undergraduate _____ Graduate _____

K. Does this project include internships?

☐ No ☐ Yes If Yes, estimated # of paid internships _____ unpaid internships _____

L. Does this project include paid Faculty Professional Development?

☐ No ☐ Yes

M. Will your project be purchasing $25,000 (or greater) in goods or services from a single vendor?

☐ No ☐ Yes If Yes, please review the SPF's Procurement/Purchasing Policy

N. Issuing a contractual agreement (mark all that apply)?

☐ No ☐ Yes If Yes, Contract types: ☐ Subaward ☐ Contractual Services / ICA

O. Handling of export-controlled materials and/or information?

☐ No ☐ Yes

P. Additional insurance coverage required (i.e. Specialized Certificates of Insurance)?

☐ No ☐ Yes If Yes, please explain

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PART 3 – INSTITUTIONAL COMPLIANCE APPROVALS

A. Does this project require Research Security Training (RST)? ☐ No ☐ Yes *If Yes, attach the completion certificate*

*Note - **All PIs, Co-PIs and Key Personnel f**unded through NSF, NIH, and other applicable Federal Agencies are required to complete RST prior to submission.

B. Does this project require a plan for Responsible & Ethical Conduct in Research (RECR)? ☐ No ☐ Yes

*Note - **All personnel** compensated on NSF, USDA-NIFA, and some NIH awards (including pass-throughs) are required to complete RECR training prior to starting work on the project.

C. Does your project involve research on Human Subjects including research development, testing, and evaluation?

☐ No ☐ Yes If Yes, please provide IRB Registration/Protocol Number: _____

D. Does this project include research or other use of vertebrate animals?

☐ No ☐ Yes If Yes, please provide IACUC Protocol Number: _____

E. Does this project include items that need approval by the Biosafety Committee?

☐ No ☐ Yes *If Yes, see attached Pre-Award Biosafety Checklist*
If Yes, Environmental Health & Safety Officer initial(s) here:

F. Does this project include activities that require Risk Management review (e.g. cannabis, involvement of minors, incarcerated individuals, field work (physical/outdoors), boating/diving, & international travel?)

☐ No ☐ Yes *If Yes, Risk Manager initial(s) here:*

G. Does this project include activities that require Vessel Use & Boating Safety plans?

*Note - **All PIs and Co-PIs** should review the 'Guidance for Vessel Use (water crafts) for Cal Poly Humboldt Research' prior to signing **Part 5**.

☐ No ☐ Yes *If Yes, see attached Pre-Award Vessel Use Compliance Checklist*
If Yes, Boating Safety Officer initial(s) here:

H. Does this project include activities that require any other prior institutional review (e.g. Facilities Management, Environmental Health and Safety, etc?)

☐ No ☐ Yes *If Yes, other applicable institutional initial(s) here:*

I. If proposal includes International Travel, approval must be obtained from the President's Office:

_____ _____ _____
Signature President/President's Designee Name Date

By signing, I certify that I have read and complied with the Approving Authority Responsibility section of the campus travel policy.

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PART 4 - CAMPUS ENGAGEMENT

A. Does this project involve partnership with any Tribal Entities?

*Note - **All PIs and Co-PIs** should review the 'Expectations for Ethical Research with Indigenous Communities of NW CA' prior to signing **Part 5**.

☐ No ☐ Yes *If Yes, Tribal & Community Engagement initial(s) here:*

B. Does this project include activities that require Diving Safety plans?

☐ No ☐ Yes *If Yes, Dive Safety Officer initial(s) here:*

C. Does this project include research utilizing the Telonicher Marine Lab and/or RV North Wind?

☐ No ☐ Yes *If Yes, Marine Lab Director initial(s) here:*

D. Does this project include activities with Drones/Unmanned Aircraft (or Aerial) Systems (UAS)?

☐ No ☐ Yes *If Yes, UAS Committee Chair initial(s) here:*

E. Are you proposing any new curriculum or curricular changes?

☐ No ☐ Yes If Yes, please provide the Curriculog Tracking Number: _____

F. Does this project involve partnership with the College of Extended Education (CEE)?

☐ No ☐ Yes *If Yes, CEE Director initial(s) here:*

G. Does this project involve partnership with the Center for Teaching & Learning (CTL)?

☐ No ☐ Yes *If Yes, CTL Director initial(s) here:*

PART 5 – REQUIRED ROUTING SIGNATURES

_____	_____	_____
Pre-Award Specialist	Print Name	Date

I have reviewed the request for proposals and verified the Foundation/University is eligible and qualified to administer this project if funded. I have reviewed the budget, scope of work, and letters of commitment (if applicable) submitted by the Principal Investigator and verify all required documents are included with this Institutional Routing and Authorization form.

_____	_____	_____
Principal Investigator	Print Name	Date

By signing, I certify that I have reviewed the complete proposal, budget, scope of work, and all commitments contained therein. If funded, I accept responsibility for the scientific/creative, technical, programmatic, and day-to-day fiscal management of the project. I understand that expenditures must remain within the approved budget and award terms and conditions. I will monitor project expenditures and effort commitments and promptly notify SPF of any anticipated budget variances, scope changes, compliance issues, or funding shortfalls. I acknowledge that expenditures incurred in excess of available project funding, unallowable costs, disallowed costs, unsupported cost share commitments, or costs resulting from noncompliance may become the responsibility of my department, college, or other identified institutional funding source. I agree to work with SPF and University leadership to resolve any project deficit or funding shortfall resulting from project activities under my direction.

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PART 5 – REQUIRED ROUTING SIGNATURES (CONTINUED)

Co-Principal Investigator *(if applicable)*	Print Name	Date

By signing, I acknowledge shared responsibility for the successful performance of the project and for compliance with sponsor, SPF, and University requirements applicable to my assigned project activities. I agree to monitor expenditures, personnel, and commitments under my area of responsibility and to promptly communicate concerns regarding budget, effort, compliance, or project performance to the Principal Investigator and SPF.

Department Chair(s) or Supervisor(s)	Print Name(s)	Date

By signing, I certify that I have reviewed the proposal, budget, personnel commitments, release time requests, cost share commitments, space requirements, and operational impacts on the department/unit. I confirm that the department/unit has the capacity to support the proposed project and that any commitments of departmental personnel, facilities, equipment, matching funds, or other resources have been reviewed and approved. I understand that commitments made on behalf of the department/unit constitute institutional obligations if the award is funded. I acknowledge responsibility for ensuring departmental support of approved commitments and understand that financial deficits, unsupported cost share obligations, salary commitments, or other expenditures not reimbursed by the sponsor may become the responsibility of the department/unit unless otherwise approved in writing.

College Dean(s) or Director(s)	Print Name(s)	Date

By signing, I certify that I have reviewed the proposal and approve all commitments of college/division resources contained therein, including personnel effort, release time, cost sharing, facilities, equipment, and other institutional support. I have determined that the project is consistent with college/division priorities and that sufficient resources are available to meet the proposed commitments. I acknowledge that commitments approved through this routing process constitute institutional obligations if funded. I understand that financial overruns, unrecovered costs, approved cost-share commitments, or sponsor disallowances that cannot be charged to the award may require support from college/division resources.

Sponsored Programs Executive Director	Kacie Flynn Print Name	Date

By signing, I certify that I have reviewed this proposal for external funding and determined that the proposed budget and project activities are consistent with SPF policies, sponsor requirements, and applicable regulations governing sponsored projects administration. I have reviewed the budget and verified that proposed costs are reasonable, allowable, and include appropriate direct and indirect cost recovery. Unless otherwise noted, I am authorized to negotiate budgetary, contractual, and administrative terms with the funding agency on behalf of, and in consultation with, the Principal Investigator/Project Director and the University. I will provide oversight and assistance to support successful project administration and will work with the Principal Investigator/Project Director and University leadership to address compliance, budget, and administrative issues that may arise during the life of the award.

Chief Campus Research Officer	Kacie Flynn Print Name	Date

By signing, I certify that known research compliance, safety, and regulatory requirements associated with the proposed project, including but not limited to work involving human or animal subjects, have been identified and appropriate review processes initiated or completed. I understand that approval of this routing does not waive the requirement for obtaining all necessary protocol approvals prior to commencing regulated activities.

Vice President for Administration & Finance	Print Name	Date

By signing, I certify that the budgeted fiscal commitments contained in this proposal have been reviewed for institutional feasibility and compliance with CSU and SPF requirements. To the extent institutional funds, cost sharing, facilities, personnel, or other University resources are committed, I acknowledge that such commitments represent institutional obligations if the award is funded. I understand that significant financial liabilities, sponsor disallowances, or project deficits that cannot be resolved at the project, department, or college level may require institutional review and resolution.

PART 6 – ATTACH PROPOSAL, INCLUDING SCOPE OF WORK AND TIMELINE

PART 7 – ATTACH BUDGET TEMPLATE

PART 8 – ATTACH APPLICABLE APPENDICES

APPENDIX A	REQUEST FOR FACULTY RELEASE TIME FORM
APPENDIX B	IDC WAIVER REQUEST FORM
APPENDIX C	COST SHARE COMMITMENTS

APPENDIX B
IDC WAIVER REQUEST FORM

Requested Indirect Cost Rate: _____ %

Reason for exemption from the 45% federally negotiated Indirect Cost Rate:

- ☐ Project falls under California Model Agreement (standard IDC rate of 40% MTDC) *effective 7/1/26*
- ☐ Project falls under California CESU (standard IDC rate of 17.5% MTDC, or 10% for NRCS)
- ☐ Project falls under CA Cooperative Fish & Wildlife Research Unit (standard IDC rate of 15% MTDC)
- ☐ Project falls under off-campus rate (26%)
- ☐ Allowable SBA rate for NorCal SBDC (20% MTDC)
- ☐ Standard IDC rate for Schatz Energy Research Center (25% MTDC)
- ☐ Intra-Campus Awards (15%)
- ☐ Requested rate is the maximum allowed by the funder for this program (see attached documentation)
- ☐ Other justification (attach any communication or documentation referenced herein):

Approved by:

_____

Cal Poly Humboldt SPF Executive Director

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APPENDIX C
COST SHARE COMMITMENTS

BUDGETED COST SHARING AMOUNT								
Cost Sharing Category	**3rd Party Cash***	**3rd Party In-Kind***	**Foregone Indirect Cost**	**University Cash**	**University In-Kind**	**Total Budgeted Cost Sharing**	**Source**	**Authorized Official Signature**
Salaries & Benefits						$ 0.00		
Supplies & Services						$ 0.00		
Equipment						$ 0.00		
Travel						$ 0.00		
Other Direct Costs						$ 0.00		
IDC						$ 0.00		
Total Project Cost Share Amount	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00		

*** PLEASE ATTACH LETTER OF COMMITMENT FROM ANY 3RD PARTY CONTRIBUTOR**

I have reviewed and approved the cost-share commitments identified in this proposal and determined that the proposed contributions, whether cash or in-kind, are reasonable, adequately supported, and will not adversely affect the department/ unit's ability to meet its operational objectives. I acknowledge that approved cost-share commitments become institutional obligations if the proposal is funded and will be documented in accordance with sponsor and audit requirements. I will assist in verifying and documenting cost-share expenditures as necessary. I understand that failure to fulfill committed cost share may result in sponsor disallowances, repayment obligations, audit findings, or other institutional liability.

APPROVED BY:

Principal Investigator	Print Name	Date
Department Chair(s) or Supervisor(s)	Print Name	Date
College Dean(s) or Director(s)	Print Name	Date