College of Health, Education, & Social Transformation

MSC 3AC New Mexico State University PO Box 30001 Las Cruces, NM 88003-8001 hest.nmsu.edu CHEST-RBC@nmsu.edu

Preliminary Proposal Routing Form

Required for *all* proposal elements. Submit this form as soon as possible, even if a decision to pursue funding is still tentative.

Initiated By:

Date:

PI Instructions: Fill out Sections 1-3 as known/applicable, and then submit this form to RBO as early as possible.

Section 1: Project Info	ormation		
Preliminary Title:			
Period of Performance:		Agency Deadline:	
Proposal Type:		HEST Deadline: (10 business days prior)	
Funding Agency:		Routing:	
Project Classification:		Compliance Data:	Human Subjects?
Project Attachments: Special Considerations: Please indicate if these items are expected to be applicable to this project.	Project Abstract		IRB Approval Date:
	Request for Proposals		Animal Use?
	Request for Froposais		Recombinant DNA?
	Additional space needed?		Infectious Agents?
	Proprietary data requirement?		Radioactive Materials?
	Development of intellectual property?		Hazardous Chemicals?

Section 2: Project Team *Credit split across all NMSU PIs must total 100%. Each HEST PI must indicate if they have a Conflict of Interest (COI) to disclose before signing below.

HEST PI Name:		HEST PI Name:	
Department & Org:		Department & Org:	
Credit Split %*:	COI to disclose?	Credit Split %*:	COI to disclose?
Signature & Date:		Signature & Date:	
HEST Co-PI Name:		HEST Co-PI Name:	
Department & Org:		Department & Org:	
Credit Split %*:	COI to disclose?	Credit Split %*:	COI to disclose?
Signature & Date:		Signature & Date:	

Section 3: Summary of Proposal Budget

Estimated Request Total:	Cost Share/Match:	Indirect Cost (IDC) Rate %:				
Section 4: Acknowledgments						
	Print Name	Signature	Date			
HEST Program Specialist						
Foundation Officer (if applicable)						
HEST PI Department Head						
HEST PI Department Head						
HEST Associate Dean of Research (only one signature needed)						