

ATTACHMENT A ROUTING AND APPROVAL FORM			Date Starting Sign-off
FRED HUTCH			Sponsor Due Date
Current audit compliance requirements require fully completed application routing sheets for record keeping and documentation of Fred Hutch commitments. Attachment A satisfies this requirement.			Sponsor/ Agency #
MS Yale J6-500	Phone 206-667-4868	Fax 206-667-6221	Pre-Award Admin.
Proposal ID	Level 1 Approval	FOR OFFICIAL USE ONLY	Mail Stop <input type="text"/> Phone <input type="text"/>
Assigned Reviewer	Level 2 Approval		eSubmission Portal <input type="text"/>
			Required: Application Type <input style="background-color: yellow;" type="text"/>

PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR (PD/PI) DATA		
List all Project PD/PIs starting with the Lead/Contact PD/PI. Include name(s) and Division(s) which will sign-off on the application for Fred Hutch PD/PI and/or the name of the institution for non-Center PD/PIs.		
<input type="checkbox"/> Multi-PD/PI Application (List Fred Hutch PD/PI first even if that individual is not the Lead or Contact PD/PI.)		
PD/PI/Mentor/Fellow	Center Subdivision/Division	Non-Center PD/PI Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
POST AWARD DEPARTMENT CONTACT/RESEARCH COORDINATOR		
Name	Extension	Mail Stop
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICATION						
Title	<input type="text"/>					
Sponsor	<input type="text"/>	Project Period	From <input type="text"/>	To <input type="text"/>		
FOA # <input type="text"/>	<input type="checkbox"/> RPPR	<input type="checkbox"/> NIH Modular	<input type="checkbox"/> Foundation Relations Initiated	<input type="checkbox"/> Limited Applicant		
Mechanism Type	<input style="background-color: yellow;" type="text"/> (Resubmission: select Grant or Contract only)					
New/Resubmission	Direct Costs <input type="text"/>	Total Costs <input type="text"/>				
Resubmission Application	<input type="checkbox"/> New	<input type="checkbox"/> Competitive Renewal	Proposal ID#	<input type="text"/>		
Existing Project Information (Complete all green fields applicable for existing awards)	Project ID <input type="text"/>	PeopleSoft Award Number <input type="text"/>	Competitive Renewal <input type="checkbox"/>	Non-Competing <input type="checkbox"/>	Pilot Project <input type="checkbox"/>	Supplement <input type="checkbox"/>
Next Bud Year From <input type="text"/>	To <input type="text"/>	Next Year Bud Direct <input type="text"/>	Total <input type="text"/>			
Next Year Bud Ref <input type="text"/>	IRB/IACUC File Numbers <input type="text"/>					

ADMINISTRATIVE AND CLERICAL SALARIES	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administrative/Clerical Salaries are included in this project. Indicating "yes" certifies that prior approval will be requested in the budget justification or has previously been obtained from the sponsor. All administrative/clerical salaries must be clearly justified in the budget justification as applicable. If no budget justification is required, supporting documentation must be made available upon request. See sample justification language: http://www.fredhutch.org/en/labs/uniform-guidance/concepts-changes.html	

FACILITIES AND ADMINISTRATIVE COSTS (Check applicable box and attach documentation if required)			
<input type="checkbox"/> 76% of MTDC (on campus) requested	<input type="checkbox"/> Other Rate	% <input type="text"/>	<input type="checkbox"/> Incoming Staff Assign. Room <input type="text"/>
<input type="checkbox"/> 32% of MTDC (off campus) requested	Location <input type="text"/>	Room <input type="text"/>	

UNRECOVERED/FOREGONE F&A (Check applicable boxes and attach documentation if F&A is not fully covered. Required)

Unrecovered F&A meets policy requirement **A-C**:

Policy **D**: Agency Award

Policy **E**: Unrecovered F&A does not meet policy; required **Fred Hutch** prior approval is attached.

Unrecovered F&A will utilize Reservoir Funding For Official Use Only. Approval is attached.

PI Transfer where prior institution rate is lower than Fred Hutch rate.

COST SHARING

This project will require Fred Hutch funds for unsupported costs other than salary or F&A.

This project has personnel (including **Non-Key Personnel**) with mismatched salary and effort. **List them below after Key Persons.**


List **all** project Key Personnel **and** those with mismatched salary and effort. Include their name, title, effort %, supported salary %, unfunded salary % and the specific source supporting the difference if any. PD/PI must show effort. Include additional pages as needed.

Name	Fred Hutch Title	Effort Indicated	Supported Salary	Unsupported Salary	Unfunded Salary Source ProjID

FRED HUTCH FACILITIES, RESOURCES, CONCERNS & COMMITMENTS

Yes No Attach additional information if required

The project involves the use of Live Vertebrate Animals. IACUC review will be required.

This project involves Human Subjects or identifiable Human tissue/data. IRB review will be required. 

If "No" to Human Subjects, does the project involve de-identified human tissue or data. All sources on IRO pre-approved providers list All sources not on list. NHS determination will be required.

This project will require additional space.

This project will require renovation of existing space.

Additional staff member(s) holding a doctoral degree will be recruited for this project.

SUBAGREEMENTS AND STAFF ASSIGNMENTS

Yes No University of Washington (UW)

UW faculty are participating in this project. UW funded by Subaward Staff Assignment Other

UW Faculty will devote effort to the study but no costs are included in the proposal for their participation. **REQUIREMENT:** Letter of intent from UW noting their willingness to cost share salary.

University of Washington space will be used for this project. % of work that will be performed at UW %

List all institutions (including UW) receiving a Sub, Purchased Service/Consultant or Staff Assignment. (SA include room/name)

Institution/Entity	Subrecipient	Prch Svc/Consult	Staff Assignment	Room	Name
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If Yes to Subrecipient (subaward/subcontract), Purchased Service or Paid Consultant: **New/Renewal applications**, complete a signed Subrecipient Determination Form (SDF). **Existing Awards** (Non-competing, Supplements), only complete an SDF for new and/or changed relationships. **Retain SDF in department records for auditing purposes.**

Yes No Subrecipient Human Subjects and Vertebrate Animal Involvement

This project involves the use of subawardee human subjects.* *If yes to human subjects, obtain [Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption](#) form.

This project involves the use of subawardee vertebrate animals.

Yes	No	ENVIRONMENTAL HEALTH & SAFETY	
<input type="checkbox"/>	<input type="checkbox"/>	This project requires use of radioactive materials and/or x-ray equipment. Requirement: Center Radiation Safety Committee review. RMUA <input type="text"/>	<input type="checkbox"/> Approval Pending
<input type="checkbox"/>	<input type="checkbox"/>	This project involves use of etiologic materials and/or recombinant DNA. Requirement: Center Institutional Biohazard Committee review. EMUA <input type="text"/>	<input type="checkbox"/> Approval Pending
<input type="checkbox"/>	<input type="checkbox"/>	This project requires use of select carcinogens. Requirement: Center Chemical Hygiene Officer review. CMUA <input type="text"/>	<input type="checkbox"/> Approval Pending

CONFLICT OF INTEREST FOR COVERED INDIVIDUALS

Please identify all Fred Hutch Covered Individuals (CIs) as well as any CI that will not be covered under a subaward. CIs are those individuals "responsible for the design, conduct, or reporting" of the research. At a minimum, the Hutch requires that CIs include all persons listed as Key Personnel in the grant or contract proposal. For additional assistance, please see links below.

Fred Hutch Guidance on CIs: https://centernet.fhcr.org/CN/depts/osr/proposal_prep_grants/PSDF/index.html

NIH COI Requirements: http://www.nih.gov/about/ethics_COI.htm

NIH Grants Policy Statement: <http://grants1.nih.gov/grants/policy/policy.htm>

Name	PSDF Attached	Personnel Division	PSDF Status

INVESTIGATOR CERTIFICATIONS, DISCLOSURES, AND ASSURANCES

By signing below, I certify: (1) that the information submitted within the application and any related documentation is true, complete and accurate to the best of my knowledge; (2) that I am responsible for the scientific conduct of the project and will provide the required progress reports if a grant is awarded as a result of the application; (3) that I will report to my Division Director any outside activity or significant financial interest which may arise during the course of this study that could potentially result in a conflict with the work performed under this proposal; and (4) that I understand any false, fictitious, or fraudulent statements or claims made in connection with the application may subject me to criminal, civil, or administrative penalties.

<input type="text"/>	<input type="text"/>	<input type="text"/>
PD/PI Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
PD/PI Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
PD/PI Signature	Printed Name	Date

FELLOWSHIP/SPONSOR ASSURANCE FOR INDIVIDUAL FELLOWSHIPS

By signing below, the Fellow and Sponsor certify: (1) that the information submitted within the application is true, complete and accurate to the best of their knowledge, (2) that any false, fictitious, or fraudulent statements or claims may subject the Fellow and Sponsor(s) to criminal, civil or administrative penalties; (3) that they will report to their Division Director(s) any outside activity or significant financial interest which may arise during the course of this study that could potentially result in a conflict with the work performed under this proposal; (4) that the award will not support residency training; (5) that the Sponsor(s) will provide appropriate training, adequate facilities, and supervision if a fellowship is awarded as a result of the application; and (6) that if applicable, the Fellow has read the Ruth L. Kirschstein National Service Award Payback Assurance and will abide by the assurance if an award is made.

<input type="text"/>	<input type="text"/>	<input type="text"/>
PD/PI (Fellow) Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
PD/PI (Mentor) Signature	Printed Name	Date

CENTER SIGNATURES AND APPROVALS

<input type="text"/>	<input type="text"/>	<input type="text"/>
PHS Program Head	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Divisional Representative	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
EH&S	Printed Name	Date