

**Office of the Vice President for Research
Multi-School Routing Form**

SPA Name/ Initials: _____
Email: _____ Phone: _____

This form is to be used in conjunction with the Proposal Routing Form for all proposals involving collaborating GW investigators or personnel who are not in the same school/institute/department (unit) as the PI.

Internal Deadline:	Date	Time	Return to:	Name	Email	Phone
Lead Principal Investigator:	Name			School/Dept.		
Proposal Title:						
Sponsor:						

Collaborating Unit:		
Lead Investigator for Collaborating Unit:	Name	Org. #

CONFLICTS OF INTEREST/FINANCIAL DISCLOSURES

All Proposals: Investigators and Key Personnel

My initials in the "COI Initials" box below is my certification that I have read GW's Policy on Conflicts of Interest and Commitment for Faculty and Investigators and Appendix B. If "COI NO" is checked, to the best of my knowledge, I do NOT have any conflicts as described by the Policy or Appendix B. Alternatively, if "COI Yes" is checked, I have completed and attached the COI Policy's one-page Appendix B form providing details for further review.

**** For PHS funded proposals ONLY:** All Investigators are required to comply with GW's Policy on Conflicts of Interest and Commitment for Faculty and Investigators and Appendix C, and must have an updated PHS Supplemental Disclosure Form on file BEFORE this proposal may be submitted. My initials in the "PHS Initials" box below is my certification that I have read Appendix "C" and that my Financial Disclosure Form for Investigators in PHS Research is current as of the date specified.

PHS defines Investigator as the Project Director or Principal Investigator and any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research funded by PHS, or proposed for funding by PHS, which includes consultants or collaborators.

****Add all investigators in the box below. Use additional pages, if necessary.**

Name	% Effort	Role on Project	Current Date	COI		COI Initials	Date PHS Form Submitted	PHS Initials
				No	Yes			

APPROVALS

Lead Investigator for Collaborating Unit Signature _____ **Date** _____

School Signature*: My signature certifies that I have reviewed this proposal and all accompanying forms. To the best of my knowledge, there is no perceived or inappropriate activity or conflict of interest related to this proposal or any resulting award. The Department, Program, College, and/or Unit are aware of, and committed to providing, the cost sharing, facilities, and other requirements of this project throughout the project period, and I agree with any allocation of recognition, except as noted.

Chair Signature (only if required by School) _____ **Date** _____

Dean (or Designee) Signature* _____ **Date** _____