



PROPOSAL ROUTING ADDENDUM

For application packages received by OSRP less than 10 business days prior to submission deadline.

Please submit this signed form along with your completed e-copy of your proposal package to osrp@campbell.edu. Federal proposals should be upload through the respective portal and released at the time of submission of this form. Please contact OSRP if this is a web-based submission to non-sponsor's portal.

Principal Investigator (PI): _____

Department: _____

Email: _____ Phone: _____

Co-Investigators: _____

Submission Deadline: _____ Sponsor: _____

Hyperlink to the Request for Proposals or Instructions:

Date complete application package is routed to OSRP for final review: _____

The signature of the PI below certifies that the PI acknowledges and agrees to the following statements:

1. Due to the lateness of receiving the complete proposal package, a thorough review of this application is not possible if it is to be submitted by the sponsor's due date.
2. OSRP staff will make the best effort to minimize errors, and missing materials, but cannot guarantee the accuracy of the package due to insufficient review time. It is the PI and/or Co-PI's responsibility to ensure adherence to all criterion outlined in the RFP and University policies associated with this submission.
3. If any administrative sign-offs, such as cost share, reduced F&A, space needs, subcontracting institutional documentation etc. is not in place in advance, an acceptance of an award will not occur until such approvals/signoffs are addressed internally or with the sponsor, depending on what the omissions may entail.
4. Due to the late submission, the Institutional Signing Official (SO) signed the application to ensure that the submission would reach the sponsor on time. Neither the Institutional Signing Official nor the Authorized Official Representative (AOR) is able to ensure financial or administrative compliance with sponsor guidelines and Campbell University policies.

Principal Investigator's Signature: _____ Date: _____

Department Chair's Signature: _____ Date: _____

OSRP certification of application package receipt (OSRP staff signature/date/time): _____