ROUTING FORM FOR PROPOSAL APPROVAL

PRINCIPAL INVESTIGATOR INFORMATION:

P.I. Name		CO P.I. Name	
	(last name, first name)		*(last name, first name)*
P.I. SSN	XXX-XX-	CO P.I. SSN	XXX-XX-
	(last 4 digits SSN)		*(last 4 digits SSN)*
P.I. Address / Phone		CO P.I. Address / Phone	
P.I. Department		CO P.I. Department	

PROPOSAL INFORMATION:

Funding Agency _____ Grant Type _____

Amount Requested _____ Project Period _____ to _____
Begin Date   *End Date*

Indirect Cost Amount _____ Indirect Rate _____ Base _____

Matching Funds Amt. _____ Source Match _____

Project Title _____

Project Summary *(provide a brief description of proposed project. Attach extra page if necessary.)*

Does proposal involve use of humans or animals as research subjects? If so, has it been reviewed and approved by the appropriate research committee?   Yes ☐   No ☐   Not applicable ☐

PRINT form and forward along with
proposal for review and approvals:

Date:

Principal Investigator   _____   _____

Chair   _____   _____

Dean or Director   _____   _____

Director, Information Technology   _____   _____

V.C. Academic Affairs   _____   _____

V.C. Finance & Administration   _____   _____

Budget Manager / Post Award   _____   _____

V.C. for Research & Strategic Initiatives   _____   _____

Grants & Sponsored Programs   _____   _____