

ROUTING FORM FOR PROPOSAL APPROVAL

PRINCIPAL INVESTIGATOR INFORMATION:

P.I. Name	<input type="text"/> <i>(last name, first name)</i>	CO P.I. Name	<input type="text"/> <i>(last name, first name)</i>
P.I. SSN	<input type="text"/> XXX-XX- <i>(last 4 digits SSN)</i>	CO P.I. SSN	<input type="text"/> XXX-XX- <i>(last 4 digits SSN)</i>
P.I. Address / Phone	<input type="text"/>	CO P.I. Address / Phone	<input type="text"/>
P.I. Department	<input type="text"/>	CO P.I. Department	<input type="text"/>

PROPOSAL INFORMATION:

Funding Agency	<input type="text"/>	Grant Type	<input type="text"/> Choose an item.
Amount Requested	<input type="text"/>	Project Period	<input type="text"/> <i>Begin Date</i> to <input type="text"/> <i>End Date</i>
Indirect Cost Amount	<input type="text"/>	Indirect Rate	<input type="text"/> Base <input type="text"/>
Matching Funds Amt.	<input type="text"/>	Source Match	<input type="text"/>
Project Title	<input type="text"/>		

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

[1. Click here now to e-mail form to Director, Grants & Sponsored Research](#)

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

Principal Investigator	_____	Date: _____
Dean or Director	_____	_____
Director, Information Technology	_____	_____
V.C. Academic Affairs	_____	_____
V.C. Finance & Administration	_____	_____
Budget Manager / Post Award	_____	_____
Grants & Sponsored Research	_____	_____