

PROPOSAL ROUTING FORM

PROPOSAL ROUTING DATE: _____

PROJECT TITLE: _____

SPONSOR NAME: _____ CFDA#: _____

PRINCIPAL INVESTIGATOR(S) / CO INVESTIGATOR(S) NAME	DEPARTMENT	% TIME	PHONE

PROJECT START DATE: _____ PROJECT END DATE: _____

TOTAL AMOUNT REQUESTED: \$ _____

INDIRECT COST (F&A) RATE USED - %

TOTAL INDIRECT COST (F&A) REQUESTED - \$

COST SHARING: FILL OUT ONLY IF APPLICABLE

DESCRIPTION	IN-KIND	CASH	ACCT NUMBER	ACCT MGR SIGNATURE
SALARIES & WAGES				
BENEFITS				
EQUIPMENT				
MAINTAINANCE & OPERATING				
COMPUTER SUPPORT				
INDIRECT COST (F & A)				

PROVOST / EXECUTIVE VP FINANCE / COMPTROLLER SIGNATURE: _____ DATE: _____

COMPLIANCE: PRINCIPAL INVESTIGATORS, PLEASE CHECK BOXES TO INDICATE COMPLIANCE/DETAILS OF YOUR RESEARCH:

	YES	NO		YES	NO		YES	NO
INTERNATIONAL EFFORT:	<input type="checkbox"/>	<input type="checkbox"/>	LABORATORY ANIMALS:	<input type="checkbox"/>	<input type="checkbox"/>	SCIENTIFIC DIVING:	<input type="checkbox"/>	<input type="checkbox"/>
RADIOACTIVE MATERIALS:	<input type="checkbox"/>	<input type="checkbox"/>	RECOMBINANT DNA:	<input type="checkbox"/>	<input type="checkbox"/>	POTENTIAL CONFLICT OF INTEREST:	<input type="checkbox"/>	<input type="checkbox"/>
HUMAN SUBJECTS:	<input type="checkbox"/>	<input type="checkbox"/>	INFECTIOUS BIOHAZARDS:	<input type="checkbox"/>	<input type="checkbox"/>	INTELLECTUAL PROPERTY:	<input type="checkbox"/>	<input type="checkbox"/>

PRINCIPAL INVESTIGATOR(S) / CO INVESTIGATOR(S): I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

SIGNATURE	DATE	SIGNATURE	DATE
X		X	
X		X	

MY SIGNATURE INDICATES THAT I APPROVE THE ATTACHED PROPOSAL:

CHAIR SIGNATURE(S)	DEAN SIGNATURE(S)	ASSOCIATE VP FOR RESEARCH SIGNATURE
X	X	X
DATE:	DATE:	DATE:

ADDITIONAL SIGNATURES (IF NEEDED)	DATE:	ADDITIONAL SIGNATURES (IF NEEDED)	DATE:
X		X	
X		X	

OVER \$200,000	
PROVOST SIGNATURE	DATE
PRESIDENT SIGNATURE	DATE