

ROUTING FORM

DEADLINE

Project Period: Start _____ End _____

Agency Address: _____ Agency Contact: _____

Agency Phone: _____

Principal Investigator _____

PI's Employment Status **Tenured Professor**

Project Title _____

Project Description _____

Sponsor Type	Proposal Type
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Chancellor's Office <input type="checkbox"/> Other	<input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Letter of Intent/Inquiry
Primary Purpose of Funding	
<input type="checkbox"/> Research <input type="checkbox"/> Program Development <input type="checkbox"/> Curriculum Development <input type="checkbox"/> Other:	<input type="checkbox"/> Planning Grant <input type="checkbox"/> Fellowship <input type="checkbox"/> Professional Development

New Project Continuation Other: _____
 Of Grant/Contract # _____

Department _____

	Request From Agency	CSU Stanislaus Cost Match			Signatures	Comments
		In-kind	Cash	Match Accounts		
Salary:						
Benefits:						
Travel:						
Equipment:						
Materials:						
Other:						
Total Direct	\$0.00					
<input type="checkbox"/> No F&A <input type="checkbox"/> Yes (_____ %)						Total Project Amount
Totals	\$0.00	\$0.00	\$0.00	Other Funds		\$0.00

Special Consultant Pay to CSU Stanislaus Employees <input type="checkbox"/> No <input type="checkbox"/> Yes	Project Involves <input type="checkbox"/> Not Applicable <input type="checkbox"/> Human Subjects Research With: <input type="checkbox"/> Animals <input type="checkbox"/> Biohazardous Materials
Use of Faculty services while not on academic contract <input type="checkbox"/> Not Applicable <input type="checkbox"/> No <input type="checkbox"/> Yes Approval _____ (Full Signature)	Conflict of Interest: <input type="checkbox"/> No <input type="checkbox"/> Yes Research or product development will/could financially benefit the PI or others working under the proposed agreement. (Contact Research & Sponsored Programs: 667-3493)
Faculty Release Time For Grant Period <input type="checkbox"/> No <input type="checkbox"/> Yes _____ WTU	This Proposal Commits University Funding: <input type="checkbox"/> Not Applicable <input type="checkbox"/> During and/or <input type="checkbox"/> Beyond the Grant Period
If Released Time or Special Consultant Pay is included, please see attached Authorization Form(s).	This Proposal Requires Use of CSU Stanislaus Computing Facilities <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Signature _____

*PI/PD assurance: by signing below, I agree to accept responsibility for the conduct of this project, in accordance with University policies, and to provide the required progress and final reports if the grant is awarded as a result of this application.

ORSP Director _____ Date _____	Contract Language Review _____ Date _____	Executive Officer of the Foundation _____ Date _____
Principal Investigator or Project Director _____ Date _____	ABS Financial Manager _____ Date _____	Vice Provost _____ Date _____
Department Chair _____ Date _____	Risk Management Controller _____ Date _____	
Dean _____ Date _____	VP of Business Financial Services _____ Date _____	