

# ROUTING FORM

**DEADLINE**

Project Period: Start \_\_\_\_\_ End \_\_\_\_\_  
 Agency Address: \_\_\_\_\_ Agency Contact: \_\_\_\_\_  
 Agency Phone: \_\_\_\_\_

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

New Project     Continuation     Other:  
 Of Grant/Contract # \_\_\_\_\_

Principal Investigator \_\_\_\_\_ Department \_\_\_\_\_  
 PI's Employment Status \_\_\_\_\_  
 Project Title \_\_\_\_\_  
 Project Description \_\_\_\_\_

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

|   |   |
|---|---|
| Special Consultant Pay to CSU Stanislaus Employees<br><input type="checkbox"/> No <input type="checkbox"/> Yes  | <b>Project Involves</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Human Subjects<br><b>Research With:</b> <input type="checkbox"/> Animals <input type="checkbox"/> Biohazardous Materials   |
| Use of Faculty services while not on academic contract<br><input type="checkbox"/> Not Applicable <input type="checkbox"/> No<br><input type="checkbox"/> Yes    Approval _____<br>(Full Signature) | <b>Conflict of Interest:</b> <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) |
| <b>Faculty Release Time For Grant Period</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes    __ WTU  | <b>This Proposal Commits University Funding:</b><br><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).  | <b>This Proposal Requires Use of CSU Stanislaus Computing Facilities</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes _____<br>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 _____ |  |