

**LINCOLN UNIVERSITY
OFFICE OF SPONSORED PROGRAMS AND TITLE III
GRANT ROUTING FORM**

To be submitted to: _____ Due Date: _____
(Proposed Sponsor)

_____ Lincoln University will be the direct grant recipient _____ Lincoln University will be a sub-contractor

- 1. Principle Investigator/Project Director: _____
- 2. Department: _____
- 3. Project Title: _____

Project Summary:

4. Proposed Period: From _____ to _____
Month/Year Month/Year

5. Does this study involve Human or Animal Subjects? _____ Yes _____ No

If "YES", Approved by: _____ Training Date: _____
(Human and Animal Subjects Committee Chair)

6. a. List Personnel other than Project Director who will be involved in this project:

Name and Department	AY %FTE	SUM %FTE

b. For Lincoln University Personnel listed, how will their normal duties be covered?

7. Will Acceptance of this proposal require additional space? _____ Yes _____ No, explain if Yes

8. Will acceptance of this grant incur responsibility on the part of Lincoln University to continue the project or personnel beyond the period of the grant? _____ Yes _____ No: Cost/Year of Personnel _____

9. Budget Request

Object Code	Line Item Description	Departmental Match	Funding Agency	Total
61000	Personnel	\$ -	\$ -	\$ -
61301	Student Labor	\$ -	\$ -	\$ -
62000	Fringe Benefits	\$ -	\$ -	\$ -
63000	Equipment	\$ -	\$ -	\$ -
64000	Contractual Svcs	\$ -	\$ -	\$ -
65000	Travel	\$ -	\$ -	\$ -
66000	Supplies	\$ -	\$ -	\$ -
67000	Other Costs	\$ -	\$ -	\$ -
68000	Utilities / Comm	\$ -	\$ -	\$ -
69004	Scholarships	\$ -	\$ -	\$ -
67010	Indirect Costs	\$ -	\$ -	\$ -
Rate:				
GRAND TOTALS:		\$ -	\$ -	\$ -

Department Head/ Director

Date

College Dean

Date

Sponsored Programs and Title III

Date

Grant Accounting

Date

Comptroller

Date

Vice President

Date

Comments:

Please indicate how this proposal should be submitted (Include address):