

Approved by President

Date



# LINCOLN UNIVERSITY INTERNAL ROUTING FORM

(Check One)

Lincoln University will be the direct grant recipient

Lincoln University will be a sub-contractor

To be submitted

(Proposed Sponsor)

Deadline

1. Principal Investigator/Project

2. Department:

Project Title:

3. Project Summary:

4. Proposed Period: From:  To:

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

If "Yes", Approved by:

(Human and Animal Subjects Committee Chair)

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

Name or Function	% of time	
	AY	S

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

7. Effect on Space and Equipment

a. Will Acceptance of this proposal require additional space?  Yes, explain  No

b. If funds are requested for equipment, has it been determined that no other equipment at Lincoln University is available or is suitable for the intended use?  Yes  No

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:

BUDGET ITEM	LINCOLN UNIVERSITY		FUNDING AGENCY	TOTAL
	Cash Match	In-Kind		
1000 Personnel				
2000 Benefit				
1100 Student Labor				
3000 Equipment				
4200 Contractual Services				
4235 Space Rental				
5300 Travel				
6400 Consumable Supplies				
7506 Publications Cost				
xxxx Computer Use				
7500 Other				
8600 Communications				
<b>TOTAL DIRECT COSTS</b>				
7514 Indirect Costs				
<b>TOTAL GRANT COSTS</b>				

Department Head/Director - Date

College Dean - Date

Vice President (area of proposal initiator) - Date

Sponsored Research and Grants - Date

Chief Financial Administrator - Date

Comments: