

New      Renewal      Modification



Date \_\_\_\_\_

## GRANT/CONTRACT REQUEST ROUTING SHEET

### Part I

Project Title: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Contact Name \_\_\_\_\_ School/Division \_\_\_\_\_ Department/Program \_\_\_\_\_

Contact Address: \_\_\_\_\_ Residence / Campus \_\_\_\_\_ Telephone \_\_\_\_\_

Proposal to be submitted to: \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_ Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_ Number of Copies: \_\_\_\_\_

Date to be Submitted: \_\_\_\_\_ Award Date: \_\_\_\_\_

### Amount of Funds Seeking

Total Amount of Funds Being Sought: \_\_\_\_\_ Match %: \_\_\_\_\_ Grant %: \_\_\_\_\_

Cost Share: Langston University \_\_\_\_\_ % \$ \_\_\_\_\_

Other \_\_\_\_\_ % \$ \_\_\_\_\_

Other necessary Requirements: \_\_\_\_\_

### Source of Funding

Private Sources     State Agency  
 Federal Agency     Other \_\_\_\_\_

### University Function

Resident Instruction     Library     Research  
 Extension     Graduate     Student Financial Aid  
 Contract     Facilities & Equipment     Other \_\_\_\_\_

### Part II

*The undersigned have reviewed the content of this document and recommended approval. Exceptions and comments or special information should be noted by memo and attached to this routing sheet.*

#### A. Principal Investigation/Project Leader:

Name \_\_\_\_\_ Department / School \_\_\_\_\_ Campus Address \_\_\_\_\_

#### B. Department of Program Head:

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved/Disapproved \_\_\_\_\_

#### C. School or Division Head:

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved/Disapproved \_\_\_\_\_

#### D. Optional Signature Needed for Approval:

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved/Disapproved \_\_\_\_\_

#### E. Vice President for Academic Affairs:

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved/Disapproved \_\_\_\_\_

#### F. Director of Sponsored Programs:

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved/Disapproved \_\_\_\_\_

#### G. Comptroller:

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved/Disapproved \_\_\_\_\_

#### H. Vice President for Administrative and Fiscal Affairs:

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved/Disapproved \_\_\_\_\_

#### I. President:

Name \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved/Disapproved \_\_\_\_\_

The routing form must be signed by all relevant parties and given to Sponsored Programs at least seven (7) working days before it is due to the funding agency. The Office of Sponsored Programs will obtain the President's signature and will electronically submit or mail the request. You will be notified when your proposal has been electronically transmitted or mailed.