

ADELPHI UNIVERSITY

Grant and Contract Routing Form

Note: Before submitting a research grant or contract for internal or external funding, the documents must be reviewed by the Office of Sponsored Programs. After PI, Dept. Chair, and Dean have signed this form, it must be submitted, along with the proposal and other necessary documents, to the Office of Sponsored Programs. They will obtain all other required signatures.

1) Principal Investigator: _____

2) Project Title: _____

3) Sponsoring Agency (if not Adelphi): _____

4) Type of Application:

Internal Faculty Development _____ New _____ Revision _____ Renewal _____ Continuation _____

If Renewal or Continuation, supply current Grant or Contract number: _____

5) Project Purpose:

Basic Research _____ Clinical Research _____ Training _____ Equipment _____

Teaching _____ Scholarships/Student Support _____ Other (specify) _____

6) Proposed Project Period: _____

7) First Year Budget Requested: Direct _____ Indirect _____ Total _____

8) Budget for Entire Project Period: Direct _____ Indirect _____ Total _____

9) Restrictions or limits on Salary that can be requested? Yes ___ No ___

If yes, attach guidelines.

10) Does Grant contain a Cost Share component? Yes ___ No ___ \$ Amount _____

If yes: Required _____ (supply written guidelines) Voluntary _____ (explain further on separate page)

Initials of Dean(s) _____

11) Restrictions on publications or proprietary information? Yes ___ No ___

12) Will this research require the use of animals? Yes ___ No ___

If yes: Have you applied for IACUC approval? Yes ___ No ___

13) Will this research involve human subjects? Yes ___ No ___

If yes: Have you applied for IRB approval? Yes ___ No ___

14) Do you require any additional space other than what is currently assigned to you? Yes ___ No ___

If yes, explain further on separate page.

15) Will the project require faculty release from current duties? Yes ___ No ___

If yes, explain further on separate page. Initials of Department Chair (if applicable) _____

Initials of Dean(s) required _____

Signatures: _____ Date _____

Principal Investigator _____ Date _____

Department Chair (where applicable) _____ Date _____

Dean _____ Date _____

Budget Office _____ Date _____

Provost _____ Date _____