| Office Use Only |
|---|
| Proposal Number: _____ |
| Date Received: _____ |
| Date Mailed: _____ |

_____ **Approved by President** _____ **Date**

# LINCOLN UNIVERSITY INTERNAL ROUTING FORM

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

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

1. Principle Investigator/Project Director: _____

2. Department: _____

   Project Title: _____

3. 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: _____
   (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 ____ No, explain
   _____
   b. If funds are requested for equipment, has it been determined that no other equipment at Lincoln University is available or is suitable for he 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** | | | | 0.00 |
| **2000 Benefits** | | | | 0.00 |
| **1100 Student Labor** | | | | 0.00 |
| **3000 Equipment** | | | | 0.00 |
| **4200 Contractual Services** | | | | 0.00 |
| **4235 Space Rental** | | | | 0.00 |
| **5300 Travel** | | | | 0.00 |
| **6400 Consumable Supplies** | | | | 0.00 |
| **7506 Publications Cost** | | | | 0.00 |
| **xxxx Computer Use** | | | | 0.00 |
| **7500 Other** | | | | 0.00 |
| **8600 Communications** | | | | 0.00 |
| **TOTAL DIRECT COSTS** | 0.00 | 0.00 | 0.00 | 0.00 |
| **7514 Indirect Costs** | | | | 0.00 |
| **TOTAL GRANT COSTS** | 0.00 | 0.00 | 0.00 | 0.00 |

Department Head Director – Date

College Dean – Date

Sponsored Research and Grant Date

Grant Accounting Date

Controller – Date

_ Vice President Date

Comments: