

**College of Agriculture, Human and Natural Sciences  
Proposal Information and Routing Form**

**Today's Date:** \_\_\_\_\_ **Submission Deadline Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Principal Investigator/Project Director:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Funding Agency:** \_\_\_\_\_

**Project Time Period:** \_\_\_\_\_ to \_\_\_\_\_ **Duration in Months:** \_\_\_\_\_

**Submission Type:** New Project \_\_\_\_ Continuation \_\_\_\_ Renewal \_\_\_\_ Supplement \_\_\_\_

**Project Type:** Research \_\_\_\_ Teaching/Instruction \_\_\_\_ Service \_\_\_\_ Other \_\_\_\_

**Agency Type:** Federal \_\_\_\_ State \_\_\_\_ Corporate \_\_\_\_ Private/Foundation \_\_\_\_ Other \_\_\_\_

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Amount Requested						
TSU Portion of Request						
Indirect Costs Requested						

**Indirect Cost Rate Used (F&A)** (attach memo or agency guidelines if exception is requested): \_\_\_\_\_

Percent Salary Requested	Year 1	Year 2	Year 3	Year 4	Year 5
Principal Investigator					
Co-PI					
Co-PI					
Co-PI					

**Are matching funds required ?**(If yes, provide details on next page): Yes\_\_\_\_ No\_\_\_\_

Approvals:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean

\_\_\_\_\_  
Date

**College of Agriculture, Human and Natural Sciences**  
**Proposal Information Form**  
 (To be completed by Department Head/Center Director in cooperation with the PI)

PI/PD \_\_\_\_\_

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

Queries for Department Head/ Center Director	Yes	No	N/A
Has the purpose of the proposed project been discussed with the PI/PD?			
Is the purpose of the project consistent with the goals of the department/center?			
Will the PI/PD be granted release time to conduct the project?			
Will departmental equipment (copier, phone, FAX, etc.) be made available for proposed project?			
Will departmental computers and printers be made available for proposed project?			
Will the project require university funding beyond the life of the grant?			
Will the project involve the use of animals, human subjects (testing, interviews, surveys, etc.), radioactive materials, or biohazards? <b>If so, proposal must be approved by appropriate compliance committee prior to final approval.</b>			
Has the proposal content been reviewed by an internal review panel for merit and quality?			
Will laboratory, classroom, or other departmental space be made available for proposed project? <b>Please list building and room number below.</b>			
Will the project require alterations to existing facilities? <b>If yes, please detail alterations and source of funds for construction in comments section.</b>			
Will the project require construction of new facilities? <b>If yes, please describe facilities and source of funds for construction in comments section.</b>			
Does the funding agency require matching funds (cash) for the proposed project? <b>If yes, please provide documentation.</b>			
Will the department make in-kind contributions for the proposed project? <b>Please list below.</b>			

**Facilities for Proposed Project**

Building \_\_\_\_\_ Room Number \_\_\_\_\_  
 Building \_\_\_\_\_ Room Number \_\_\_\_\_  
 Building \_\_\_\_\_ Room Number \_\_\_\_\_

**In-kind Contribution for Proposed Project**

Example: Faculty release time for Dr. Jane Doe, \$10,000, Biology Department, TSU acct # 123456

Example: Use of Lab Equipment, \$5,000, Biology Department, TSU acct # 123456

Item and University Unit	Acct #	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Cost Sharing Totals</b>							

**Matching Funds for Proposed Project (cash only; describe details in Comments section)**

Item and University Unit	Acct #	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Matching Funds Totals</b>							

College/Center \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Comments from Department Head/ Center Director**  
(continue on separate sheet if necessary)

