**Tennessee State University**

**RESEARCH AWARD ROUTING AND APPROVAL FORM**

**(All spaces must be completed.)**

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| **RESEARCH AGENCY INFORMATION** |
| **Agency**  |  |
| **Contact Person** | Name: | Phone: | Fax: |
| **Address** |  |
| **E-mail** |  |

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| **RECEIVING DEPARTMENT** |
| **Primary Department**  | Name: | Phone: | Fax: |
| **Principal Investigator** | Name: | Phone: | Fax: |
| **PI Email** |  |

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| **RESEARCH AWARD DESCRIPTION/INFORMATION** |
| **Purpose of Research Award**(Brief description) |  |
| **Term of Award** | Start Date: | End Date: |
| **Award Amount** | **$** |
| **Award Monitor or Program Officer** | Name: | Phone: | Fax: |
| **Type of Funds**  | 🞏 Grant Funds/Federal  | 🞏 Grant Funds/State | 🞏 Grant Funds/Corporation |
| 🞏 Grant Funds/Foundation | 🞏 USDA Formula Funding (1890) | 🞏 Title III  |
| 🞏 Other Write in:  |

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| **Type of Award**(Check all that apply) | 🞏 Research Basic | 🞏 Workshop/Seminar | 🞏 Academic Support |
| 🞏 Research Applied | 🞏 Instrumentation/Infrastructure | 🞏 Instruction  |
| 🞏 Sub-Recipient Award | 🞏 Public Service/Outreach | 🞏 Student Services |
| 🞏 Use of Campus Facility | 🞏 Amendment/Renewal | 🞏 Scholarship/Fellowship |
| 🞏 Clinical Affiliation | 🞏 No-Cost Extension | 🞏 Other Write in: |
| 🞏 Program Evaluation | 🞏 Research Extension Services |

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| **Attachment** **Checklist**(Check all attached) | 🞏 Research Award/Agreement Letter  | 🞏 Any support document(s) available related to this award. |
| 🞏 Restricted Project Summary/BudgetForm |

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| **RESEARCH AWARD CERTIFICATION & APPROVALS** |
| I certify that I have read the attached Research Award Letter/Notice/Fact Sheet and I am in agreement with TSU formally accepting this research award subject to terms and conditions.  |
| **Principal Investigator** | Print Name:  | Signature: | Date: |
| **Department Head** | Print Name:  | Signature: | Date: |
| **Dean/Director** | Print Name:  | Signature: | Date: |
| **Director of Sponsored Research**  | Print Name:  | Signature: | Date: |
| **Chief Research Officer** | Print Name:  | Signature: | Date: |