



VOORHEES UNIVERSITY
OFFICE OF SPONSORED PROGRAMS

Proposal Routing Form
(Attach Completed Form to Final Proposal)

FEDERAL ID #: _____

PRINCIPAL INVESTIGATOR: _____

DEPARTMENT: _____

PROJECT TITLE: _____

Deadline Date for Submission to Funding Agency: _____

TYPE OF TRANSMITTAL: *check only the one most appropriate choice.*

Proposal ___ Research ___ Collaboration ___ Continuation ___ Instructional ___

CFDA No(s): _____

PROJECT START DATE: _____ PROJECT END DATE: _____

Does this project involve any of the following:

Human Subjects ___ Animal Use ___ Biohazards ___ Recombinant DNA ___

If so, please submit to Appropriate Review Board.

ABSTRACT: (If additional space is needed, attach separate sheet)

BUDGET SUMMARY:

Total Direct Costs \$ _____

Total Indirect Costs \$ _____

Total Costs \$ _____

In addition to approval of the proposed activity, we the undersigned, certify that, to the best of our knowledge and belief, the proposed activity:

(1) Conforms to Voorhees University's Rules and Regulations; (2) Is in keeping with the educational objectives and is within the mission, role, and scope of Voorhees University.

Principal Investigator Date

Department Chair Date

Dean/Division Head Date

V. P. Fiscal Affairs Date

Sponsored Programs Date

Sponsored Programs Date