

**New Jersey City University
Office of Grants & Sponsored Programs
Routing Form (Part 1)**

Date: _____

Proposal Initiator(s): _____

Department(s) of Initiator(s): _____

Funding Agency: _____

Grant Program Title: _____

CFDA Number: _____
(for Federal grant applications only)

Please attach the following to this Routing form:

- A copy of your _____, or a one page summary describing the purpose of the Project you will propose to the Funding Agency.
- A list of all Key Personnel who will be involved in the Project.
- Proposed benefits to your department, the University, and NJCU students.
- A copy of the proposed budget.

Please identify the responsibilities of the University as defined in your grant proposal. If your answer is "yes" to questions 1 or 2, please indicate dollar amounts on Part 2 of the Routing Form. If your answer is "yes" to questions 4 or 5, please explain in full detail and attach to this form.

	Yes	No
1. Will any <u>matching funds</u> be required from NJCU?	_____	_____
2. Will NJCU receive any indirect support?	_____	_____
3. Are there any other commitments, either direct or implied, (i.e. waivers, pre award expenses, post award continuation expenses, faculty release time, etc.) that were not yet stated?	_____	_____
4. Will any additional space, equipment, or preparatory outfitting be required to perform the work proposed (i.e. technology, construction, equipment)?	_____	_____
5. Does the proposed work require approval from the Institutional Review Board?	_____	_____

***Please note: The Routing Form should be submitted to OGSP at least 10 working days prior to the Proposal Deadline.**

Required Signatures	
Department Chair: _____	Date: _____
Dean/Director: _____	Date: _____

OGSP provides technical assistance to all potential writers. OGSP is located in the Science Building, Rooms 330, 332, and 503.

**New Jersey City University
Office of Grants & Sponsored Programs
Routing Form (Part 2)**

Please Indicate:

<p>Proposal Deadline Proposals must be postmarked or received (circle one) by: _____</p>
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Requested Direct Cost	\$ _____
Requested Indirect Cost	\$ _____
Matching Funds Amount	\$ _____
Total Requested	\$ _____

<p>Comments</p>

<p>Institutional Approval Required Signatures</p>	
Grants Office: _____	Date: _____
Controller: _____	Date: _____
Vice President: _____	Date: _____
President: _____	Date: _____
<p>*Once fully approved, a copy of the routing form will be sent to the Vice President for Administration & Finance</p>	

Office of Grants & Sponsored Programs, 201-200-3364
Kathleen Simon, Grants Accountant, 201-200-3041, ksimon@njcu.edu

More information can be found online at www.njcu.edu/ogsp

**New Jersey City University
Office of Grants & Sponsored Programs
Routing Form (Part 3)**

Principal Investigator/Project Director (PI/PD) Contract

The PI will provide the Office of Grants & Sponsored Programs (OGSP) with a