

**FINAL PROPOSAL ROUTING FORM**

**Submit a copy of your proposal, including your Application Form SF 424, with this form to OSP. Do not attach support documents unless essential to project.**

1. Principal Investigator: \_\_\_\_\_ Department \_\_\_\_\_

2. Grant Title: \_\_\_\_\_

3. Funding Agency \_\_\_\_\_ Amount \_\_\_\_\_

4. Program Area \_\_\_\_\_

The signatures below indicate that the final grant has been approved by the offices of the appropriate authorities on campus.

\_\_\_\_\_  
**Principal Investigator** Date: \_\_\_\_\_

\_\_\_\_\_  
**Chairman, PI's Department** Date: \_\_\_\_\_

\_\_\_\_\_  
**Dean, College or School** Date: \_\_\_\_\_

\_\_\_\_\_  
**Office of Sponsored Programs** Date: \_\_\_\_\_

TO BE COMPLETED BY OFFICE OF SPONSORED PROGRAMS.

**Checklist for Submission: Deadline for Submission Met \_\_\_\_\_**

- \_\_\_\_\_ **SF 424**
- \_\_\_\_\_ **Certifications**
- \_\_\_\_\_ **Assurances**
- \_\_\_\_\_ **Executive Summary (Page Limitations)**
- \_\_\_\_\_ **Budget Forms**
- \_\_\_\_\_ **Budget Narrative/Justification**
- \_\_\_\_\_ **Narrative (Page Limitation)**
  - \_\_\_\_\_ **Critical Need**
  - \_\_\_\_\_ **Capacity**
  - \_\_\_\_\_ **Personnel**
  - \_\_\_\_\_ **Program Design**
  - \_\_\_\_\_ **Evaluation**
  - \_\_\_\_\_ **Review Criteria**
- \_\_\_\_\_ **Plan of Action/Management Plan**
- \_\_\_\_\_ **Resumes/Vita**
- \_\_\_\_\_ **Letters of Support**
- \_\_\_\_\_ **Supportive Statistical Data**
- \_\_\_\_\_ **Other**

## INSTRUCTIONS FOR FINAL PROPOSAL ROUTING FORM

*This form should can be printed and completed manually.*

**THE FINAL PROPOSAL ROUTING FORM IS TO BE SUBMITTED WITH A COPY OF THE GRANT APPLICATION TO THE OFFICE OF SPONSORED PROGRAMS (OSP), CHOCTAW TAVERN, AT LEAST 4 DAYS PRIOR TO DEADLINE. SEE ROUNTING PROCEDURES FOR SPECIFIC INSTRUCTIONS.**

**1. Principal Investigator:** Name of the person who is the primary person submitting the grant application and serves as the contact person.

**1b. Department:** Department serving as the leader on the project. If several departments have worked on grant, you may list all at the bottom.

**2. Grant Title:** Please give a descriptive title to the grant. Examples are below:

**BLACK BELT TRANSFORMATIONS: Change and Adaptations on the Landscape**

**or**

**COMMUNITY PARTNERSHIPS TO ELIMINATE HEALTH DISPARITIES:**

**Eliminating Health Disparities of Heart Disease, Stroke, Obesity, and Overweight Among African Americans**

**3. FUNDING AGENCY:** Name of the Federal or State agency to which you are applying for funding. Examples are National Science Foundation, Department of Education, or National Endowment of Arts.

**3B. AMOUNT:** Amount that you are requesting from the agency listed above.

**4. PROGRAM AREA:** Name of the specific area in which you are submitting the grant. Program areas are the specific areas or programs such as Upward Bound, Bridges for the Baccalaureate, STEM Undergraduate Programs, Art Programs for Children and Youth, etc.

**SIGNATURE SECTION:** It is the responsibility of the Principal Investigator to keep his/her chair informed throughout the process of completing a grant application. Prior to submission, the Principal Investigator should provide a copy to Department Chair, who will share with the dean. Thus, the signatures required should be a formality. Please note that it does make all aware of the grant application and the diligent work of the investigator and team.

The final signature is the Office of Sponsored Programs. This will be completed last when the Principal Investigator is ready to submit a copy to the Office.

**CHECKLIST:** This section is to be completed by the OSP to assure that the grant application meets the guidelines of the request for funding. The Checklist is a helpful tool to check prior to submission.