

**New Jersey City University
Office of Research Grants & Sponsored Programs
Routing Form**

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 *Abstract*, 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.
- A copy of the final 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 in the Routing Form. If your answer is “yes” to questions 3 or 5, please explain in full detail and attach to this form.

YES NO

1. Will any matching funds 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. (If yes, attach a brief statement)
5. Will any additional space, equipment, or preparatory outfitting be required to perform the work proposed (i.e. technology, construction, equipment)?
6. (If yes, attach a statement)
7. Does the proposed work require approval from the Institutional Review Board?
8. (If yes, have you applied for IRB exemption (Y/N))

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

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

Located in P 402, ORGSP provides technical assistance to all potential grant writers.

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Please Indicate:

<p>Proposal Deadline</p> <p>Proposals must be postmarked or received (circle one) by:</p> <p style="text-align: center;">_____</p>

Requested Direct Cost	\$ _____
Requested Indirect Cost	\$ _____
Matching Funds Amount	\$ _____
Total Requested	\$ _____

<p>Comments</p>

<p>Institutional Approval Required Signatures</p>	
Research Grants Admin: _____	Date: _____
Controller: _____	Date: _____
CFO: _____	Date: _____
President: _____	Date: _____
<p>Once fully approved, a copy of the Routing Form will be sent to the Chief Financial Officer.</p>	

**Office of Research Grants & Sponsored Programs, 201-200-3364, ORGSP@njcu.edu
Kathleen Simon, Grants Accountant, 201-200-2596, ksimon@njcu.edu**