



CENTRAL CONNECTICUT STATE UNIVERSITY
GRANTS AND FUNDED RESEARCH ROUTING SHEET
 (INTERNAL ADMINISTRATIVE APPROVAL FORM FOR EXTERNALLY FUNDED PROJECTS)

PROJECT DIRECTOR:
 (Name, Department, and School)

PROJECT TITLE:

If additional CCSU faculty/staff are included on the project, please list their name(s) and department(s) and have appropriate chairs and deans/directors indicate their approval by initialing each entry:

Name	Department	Approval	School /Division	Approval

FUNDING AND BUDGET INFORMATION

Funding Type: Grant Proposal Contract (MOA) Subaward or Subcontract **Federal:** Yes No

Funding Agency: _____ **Lead Agency (if subaward):** _____

Proposal Due Date (if a grant): _____ **Project Period (Start and End Dates):** _____

Direct Costs: _____ **Indirect Costs:** _____ **Total Costs:** _____

Please check any of the following that will be required to run the project:

Reassigned Time	<input type="checkbox"/>	Conflict of Interest	<input type="checkbox"/>	Additional Physical Space	<input type="checkbox"/>
Use of Human Subjects	<input type="checkbox"/>	Summer/Other Camp Licensure	<input type="checkbox"/>	Facility Renovation/Alteration	<input type="checkbox"/>
Use of Animal Subjects	<input type="checkbox"/>	Insurance Coverage	<input type="checkbox"/>	Rental of Space or Equipment	<input type="checkbox"/>
Use of Biohazardous Material	<input type="checkbox"/>	Possible Patents/Copyrights	<input type="checkbox"/>	Support Services	<input type="checkbox"/>
Use of Recombinant DNA material	<input type="checkbox"/>	Maintenance/Support Contracts	<input type="checkbox"/>	Software Licenses	<input type="checkbox"/>
Cost Sharing/Matching Funds	<input type="checkbox"/>	Technology Resources	<input type="checkbox"/>	Other	<input type="checkbox"/>

Explanation of other costs, requests or required approvals:

Failure to account for above items or other unbudgeted costs at the proposal stage may lead to a decision by CCSU to decline any award that might have an adverse financial and/or operational impact on the institution.

Required Signatures		Signature	Date
I approve the accompanying grant proposal or contract and acknowledge the request for the above checked items. If/when award is made, there may be further discussions regarding final approval of such requests. Comments:	Grants & Funded Research:		
	Post-Award Manager:		
	Department Chair/Director:		
	Academic Dean:		
	Provost:		
	Chief Budget & Compliance Officer:		
	Other:		
	Facilities (as appropriate):		

PROJECT DIRECTOR'S COMPLIANCE CERTIFICATION

In accepting external funds, CCSU assures compliance with all Federal standards and policies specified in OMB Circulars and other regulatory directives regarding topics such as : Misconduct in Science; Significant Financial Disclosure (Conflict of Interest); Drug-Free Workplace; Protection of Human Subjects in Research; Proper Care and Use of Animals in Research; Prohibition Against Lobbying Activities; Debarment and Suspension; and other issues mandated in the application materials. I certify that I understand the above information and will comply with these policies in administering any grant/contract received in response to the application now being made.

Project Director

Date