

Southern University Agricultural Research and Extension Center

Proposal Routing Form

SUAREC Log # _____

Proposals are to be submitted for review 4 - 8 working weeks prior to proposal mailing date.

Project Director (PDs)	Signature	Program Area	Time & Effort (%)	Telephone/E-Mail
PD				
Co-PD				
Co-PD				
Co-PD				
Co-PD				

PROPOSAL TITLE: _____

PROPOSAL TYPE: New Renewal Continuation Supplemental Other
PROJECT TYPE: Research Extension/Outreach Teaching Instrumentation Other
AGREEMENT TYPE: Grant Contract Subcontract Co-op Agreement Other
AGENCY TYPE: Federal State Foundation Business/Industry Other
AGENCY NAME: _____
AGENCY CONTACT: _____ Telephone: _____

PROPOSAL BUDGET

Total Project Period	Direct Costs	Indirect Costs	Total Costs
From / / To / /	\$	\$	\$
Cost Sharing Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Cost Sharing Involved <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> Match			

REQUIRED ASSURANCES

Animal Use	Biohazards/Chemicals	Human Subjects	Recombinant DNA
<input type="checkbox"/> Yes (approval date _____)	<input type="checkbox"/> Yes (approval date _____)	<input type="checkbox"/> Yes (approval date _____)	<input type="checkbox"/> Yes (approval date _____)
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Evidence of Stakeholder Input Yes NO

Approvals:

Program Leader Date	Vice Chancellor for Research/Extension/Dean Date
PREC Chairperson Date	VC for Finance and Administration Date
	Chancellor Date