

HUNTER COLLEGE PROPOSAL ROUTING FORM

OFFICE OF RESEARCH ADMINISTRATION
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<http://research.hunter.cuny.edu>

INSTRUCTIONS: *This form must be reviewed and completed in its entirety. This form must be completed by the Principal Investigator before the grant can be submitted. Research Administration is not authorized to process your application without approval of the Department Chair and Divisional Dean. Please bear in mind that some grants will require additional clearance policy approval. Please refer to the Hunter College Fundraising Policies for Faculty Cultivation and Solicitation of Grants and Gifts memo of December 10, 2007.*

PLEASE TYPE OR PRINT LEGIBLY

PRINCIPAL INVESTIGATOR (PI) INFORMATION

1) PI NAME		1) PI NAME	
DEPARTMENT		DEPARTMENT	
PHONE NUMBER		PHONE NUMBER	

PROPOSAL INFORMATION

TITLE	

SPONSOR	
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PROJECT DATES	START DATE:		END DATE:	
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PURPOSE	<input type="checkbox"/> RESEARCH	<input type="checkbox"/> TRAINING	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> INSTRUCTION
	<input type="checkbox"/> PROGRAM DEVELOPMENT	<input type="checkbox"/> CONFERENCE	<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> OTHER

MECHANISM	<input type="checkbox"/> GRANT	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SUBCONTRACT	<input type="checkbox"/> COOPERATIVE AGREEMENT
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BUDGET INFORMATION ** Please be sure to attach the budget.		YEAR 1		ALL YEARS
	TOTAL DIRECT COSTS			
	INDIRECT COSTS			
	TOTAL PROJECT COSTS			

WILL YOUR PROJECT INCLUDE ANY OF THE FOLLOWING?	<input type="checkbox"/> HUMAN SUBJECTS	<input type="checkbox"/> ANIMALS	<input type="checkbox"/> BIOHAZARDS	<input type="checkbox"/> TUITION & FEES	<input type="checkbox"/> INVENTION AGREEMENT
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	RELEASED TIME		SUMMER SALARY
	NUMBER OF COURSE REDUCTIONS FALL SEMESTER OR PERCENTAGE OF EFFORT	NUMBER OF COURSE REDUCTIONS SPRING SEMESTER OR PERCENTAGE OF EFFORT	MONTH(S) OF SUMMER SALARY ALLOCATED TO THIS PROJECT
FACULTY MEMBER NAME (PI)			
OTHER FACULTY MEMBER <hr/> name			

COST SHARING AMOUNT		MATCHING FUNDS REQUIRED	
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Ⓢ PRINCIPAL INVESTIGATOR CERTIFICATION:

Principal Investigator

As Principal Investigator, I certify that the information provided in this routing form is accurate:

Ⓢ DEPARTMENT CHAIR/DIVISIONAL DEAN APPROVAL:

Department Chair

As Department Chair, I certify that this proposal is consistent with department goals; is not in conflict with assigned duties of the principal investigator; and commits departmental resources as outlined in proposal.

Divisional Dean

As Dean, I certify that this proposal is consistent with College goals, commits college resources as outlined in the proposal.

Ⓢ CENTER CERTIFICATION (IF APPLICABLE)

(i.e., Brookdale Center on Healthy Aging and Longevity, Centro de Estudios Puertorriquenos, etc.)

Center Director

As Center Director, I certify that this proposal is consistent with Center goals; is not in conflict with assigned duties of the principal investigator; and commits center resources as outlined in proposal.