

**New Jersey City University  
Office of Grants & Sponsored Programs  
Routing Form (Part 1)**

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 \_\_\_\_\_, 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.
- Proposed benefits to your department, the University, and NJCU students.
- A copy of the proposed 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 on Part 2 of the Routing Form. If your answer is "yes" to questions 4 or 5, please explain in full detail and attach to this form.

	<b>Yes</b>	<b>No</b>
1. Will any <u>matching funds</u> 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. Will any additional space, equipment, or preparatory outfitting be required to perform the work proposed (i.e. technology, construction, equipment)?	_____	_____
5. Does the proposed work require approval from the Institutional Review Board?	_____	_____

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

**Required Signatures**

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

OGSP provides technical assistance to all potential writers. OGSP is located in the Science Building, Rooms 330, 332, and 503.

**New Jersey City University  
Office of Grants & Sponsored Programs  
Routing Form (Part 2)**

**Please Indicate:**

<p><b>Proposal Deadline</b> Proposals must be postmarked or received (circle one) by:  _____</p>
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Requested Direct Cost	\$ _____
Requested Indirect Cost	\$ _____
Matching Funds Amount	\$ _____
Total Requested	\$ _____

<p><b>Comments</b></p>
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<p><b>Institutional Approval Required Signatures</b></p>	
Grants Office: _____	Date: _____
Controller: _____	Date: _____
Vice President: _____	Date: _____
President: _____	Date: _____
<p>*Once fully approved, a copy of the routing form will be sent to the Vice President for Administration &amp; Finance</p>	

**Office of Grants & Sponsored Programs, 201-200-3364**  
Kathleen Simon, Grants Accountant, 201-200-3041, [ksimon@njcu.edu](mailto:ksimon@njcu.edu)

More information can be found online at [www.njcu.edu/ogsp](http://www.njcu.edu/ogsp)

**New Jersey City University  
Office of Grants & Sponsored Programs  
Routing Form (Part 3)**

**Principal Investigator/Project Director (PI/PD) Contract**

The PI will provide the Office of Grants & Sponsored Programs (OGSP) with a