EDWARD WATERS UNIVERSITY
University Grants & Research Office – UGRO

GRANT PROPOSAL INTERNAL ROUTING FORM

Principal Investigator (PI):

Co- Principal Investigator(s):

Department:

Email: _____ Phone: _____

Proposal Title:

Funding Agency:_____

Funding Opportunity Title/Number:

Deadline: _____

Submission Type: ☐ New ☐ Renewal ☐ Resubmission

Total Amount Requested: $_____

Cost Share Required: ☐ Yes ☐ No If Yes, Amount: $_____

Approvals

Department Chair: _____ Date: _____

Dean: _____ Date: _____

VP of FABI: _____ Date: _____

Provost & Senior VP: _____ Date:

Director of UGRO : _____ Date: _____