

CE&B RESEARCH GRANT/CONTRACT APPROVAL FORM

Indicate if for GRANT SUBMISSION or ACCOUNT OPENING

- Submit this form with budget, budget justification, short description, FHS Health Research Services (HRS) Checklist, and any relevant signature pages to CE&B Finance Office (HSC 2C4) for review and approval
- Once approved, it will be forwarded to the Dept. Chair for signature and delivered to FHS HRS for review and signature of the Associate Dean of Research.
- Your contact info: e-mail address: _____ telephone # _____

Funding Source: _____

Project Title: _____

Principal Investigator: _____ **NEW!** PI signature: _____

Co-Investigator(s): _____

Requested Funding:

Fiscal Year (e.g. 2013-14)	Amount Requested (include currency)	If successful, enter funds awarded

Space: Can research be completed with your current space? **YES / NO.** If not, how are you planning for new space? _____

Students: Have you included graduate student support? If not, explain why not or indicate N/A.

CE&B Departmental Support Tittle: Indicate how 3% has been incorporated into budget, or how you plan to pay the 3% from other sources: _____

Finance Manager / Chair: amendments required before approval: _____

CE&B Approvals	Finance Manager:	Department Chair:
	Date:	Date: