



EXTERNAL GRANT ROUTING AND APPROVAL

OFFICE OF EXTERNAL RELATIONS

Title of Proposal:		
Proposed Start Date:	Proposed End Date:	
Sponsor/Agency Name:	Phone Number:	
Submission Date:	Submission Type:	
Sponsor Address:	State:	ZIP Code:

INVESTIGATOR DATA

Principle Investigator:		PI Dept.:
PI Campus Address:	PI Campus Phone:	PI Email:
Co-PI:	Dept.:	Email:
Co-PI:	Dept.:	Email:

PROPOSAL DATA

Project Type:	New	Continuation			
Project Category:	Applied Research	Basic Research	Instruction	Public Service	Other
Sponsor Type:	Federal	State	Corporate	Foundation	Subaward

BUDGET DATA

	Year 1	Year 2	Year 3	Year 4
Total Funds Requested:	\$	\$	\$	\$

COMPLIANCE DATA

Human Subjects:	Yes	No	Hazardous Materials:	Yes	No
<p>I hereby certify that neither I, nor any member of my household or any persons receiving funding from this grant, received remuneration in the twelve months preceding this disclosure. I also certify that neither I, nor any member of my household or any persons receiving funding from this grant are affiliated with the above sponsors in any way that will hinder the ability to fulfill obligations to Brenau University, its students, faculty and staff.</p>					
I certify the statement above:			I CANNOT certify the statement above:		

UNIVERSITY OBLIGATION

Management Unit for the Proposal:	Management Unit Contact:
Matching Funds Required:	Additional Space Required:

SIGNATURES

Investigator's Certification:	
Principle Investigator:	Date:
Administrative Approvals:	
Provost/VP for Academic Affairs:	Date:
Dean of College:	Date:
VP for External Relations:	Date:
CFO/Executive Vice President:	Date: