

# Grant Routing Form

#### Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Grant Seeker:** |  |
| **Division / Dept:**  |  |
| **Grant Project Title:** |  |
| **Granting Agency:**  |  |
| **Amount Requested:** |  |
| **Brief Description:** |  |

**Signature Approval:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ADMINISTRATOR** | **DATE** | **SIGNATURE** | **COMMENTS** |
| **Division Dean** |  |  |  |
| **Chief Financial Officer** |  |  |  |
| **EVP Academic Affairs & Student Services** |  |  |  |

**Upon signature approval of all individuals above, the completed grant application, along with this form, must be submitted to the President for signature.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**President Signature Date Comments**