

## Routing/Approval Form for Awards Resulting from Internal Grant Programs

**A Copy of the Award Letter and related documents, and a Budget for the approved award amount must be attached**

### PROJECT INFORMATION

PROJECT PI Name \_\_\_\_\_  
School \_\_\_\_\_ Cntr/Institute \_\_\_\_\_  
Department \_\_\_\_\_ Division \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Period of Performance  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Activity Type \_\_\_\_\_

### AWARD CHARTSTRING SET-UP INFORMATION

Department Administrator or Account Manager \_\_\_\_\_  
Telephone # \_\_\_\_\_  
E-mail \_\_\_\_\_  
eUMB Owner Department Code: \_\_\_\_\_  
Does this project involve a subward to another organization? \_\_\_\_\_

### COMPLIANCE ISSUES

IRB Protocol # \_\_\_\_\_ Approval Status \_\_\_\_\_ Approval Date \_\_\_\_\_  
IACUC Protocol # \_\_\_\_\_ Approval Status \_\_\_\_\_ Approval Date \_\_\_\_\_  
 Pathogenic microorganisms or toxins       Recombinant DNA or RNA  
 Material of human origin including blood       Select Agents

### CERTIFICATION

- \* That I am aware that this form may be viewed as a legal document in the event of audit or legal action
- \* That the information contained within the submitted application is true, complete and accurate to the best of my knowledge
- \* That I am aware that any false, fictitious, or fraudulent statements may subject me to criminal, civil or administrative penalties
- \* That I agree to accept responsibility for the conduct of the project and to provide the reports required by this award
- \* That I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by any Federal department or agency.

### REQUIRED SIGNATURES

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_  
Other required approver \_\_\_\_\_ Date \_\_\_\_\_  
Chair \_\_\_\_\_ Date \_\_\_\_\_