

Proposal Routing Form

Instructions:

All proposals and contracts to federal, state, and private funding agencies are centrally managed through the Office of the Provost. For authorization to submit a proposal, the following process should be adhered to:

1. Principal Investigators (PI) must complete this routing form in its entirety after seeking initial approval from their relevant Department Chair or Program Director, and Dean.
2. Once school-based approvals are received, the PI should submit to the Director of Sponsored Programs, (state/federal) or Director of Corporate and Foundation Development, (corporate/foundation) this routing form, and all relevant documentation (including the funding announcement or RFP, a project budget, the proposal narrative, and any supporting documents or exhibits for submission to the funding agency).
3. Email all completed documents to Deborah Esparza-St Louis at research@merrimack.edu, (state/federal) or Lauren Carr at carl@merrimack.edu, (corporate/foundation).
4. Completed proposals must be received **no less than seven (7) business days** from the proposal submission deadline for review and processing.
5. Once this form is fully authorized, the PI will be notified of the approval to submit the proposal by the Office of the Provost, (state/federal) or Corporate and Foundation Development (corporate/foundation).

No proposal will be submitted to any funding agency without prior approval.

Date Submitted:

Please check one: State/Federal Corporate/Foundation
 Sponsored Research Programmatic

Principal Investigator(s)	Department(s)	Campus Address	Office Ext.	% Participation %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Project Title: <input type="text"/>	Agency Deadline Date: <input type="text"/>
Submitted to: <input type="text"/>	<input type="radio"/> Receipt <input type="radio"/> Postmarked
Agency: <input type="text"/>	Electronic submission: <input type="radio"/> Complete Proposal <input type="radio"/> Partial Proposal
Address: <input type="text"/>	Proposed start date: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>	Proposed end date: <input type="text"/>
Number of Copies: <input type="text"/>	

If this is a subcontract, give name of prime funding source:

Program Announcement/Solicitation: (attach copy)

Indirect Cost Rate:

If funding agency's policy is to pay no indirect costs, or to pay an amount lower than Merrimack's current rate, attach a copy of the agency's policy.

Funding Requested: Total Requested Amt: \$

Direct Amt: \$ Indirect Amt: \$ College Contribution: \$ Budget code for college contribution:

Budget Summary: (please attach)

CHECK if any of the following are involved:

Human Subjects: (Have you contacted and sought approval from the IRB?)
 Yes No

Vertebrate Animals Biological Hazard
 Stem Cells Chemical Hazard
 Radiation
 None of the above apply

Signed:

Principal Investigator	Date
Department Chair	Date
Dean	Date
Provost	Date
CFO & Senior VP for Finance and Budget	Date
Director of CFD or OSP	Date