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| **PROPOSAL INTERNAL APPROVAL FORM** |  | |  |  |  |  |  |  |  |  | Birmingham-Southern College |
| **(EXTRAMURAL GRANT/CONTRACT )** |  | |  |  |  |  |  |  |  |  | Office of Sponsored Programs |
| Must be submitted to the Office of Sponsored Programs **a minimum of 5 working days prior to submission** | | | | | | | | |  |  |  |
| PROPOSAL INFORMATION  **ROUTING ENDORSEMENTS**  ………………………………………………………………………………………………………..  Director of Grants and Special Projects Date  ……………………………………………………………………………………………………….. Provost and Vice President for Academic Affairs Date  ………………………………………………………………………………………………………..  Chief Financial Officer and Vice President for Finance Date  **SIGNATURES**  ………………………………………………………………………………………………………..  Principal Investigator / Program Director Date  ………………………………………………………………………………………………………..  Vice President for Community Initiatives (if applicable) Date  ………………………………………………………………………………………………………..  Vice President for Information Technology. (if applicable) Date | |
| Principal Investigator / Program Director | |
| Click here to enter text. | |
| Department/Unit | |
| Click here to enter text. | |
| Email of PI/PD | |
| Click here to enter text. | |
| Proposal Title | |
| Click here to enter text. | |
| Proposal Submission Due Date | |
| Click here to enter text. | |
| Funding Agency | |
| Click here to enter text. | |
| Program Title and CFDA # | |
| Click here to enter text. | |
| Project Start Date/ Project End Date | |
| Click here to enter text. | |
| TOTAL FUNDING REQUESTED | |
| Click here to enter text. | |
| BSC Matching Funding Click here to enter text. | |
| Source of Matching Funds Click here to enter text. | |
| BSC Matching in-Kind Click here to enter text.  The Signatures portion must be completed PRIOR to routing the required materials to the Office of Sponsored Programs for review by appropriate offices.  ROUTING ENDORSEMENTS: The officials whose signatures appear above have examined this proposal routing form, the attached abstract and the budget with justification. The program proposed is aligned with the mission of the College and associated educational objectives and is adequately congruent with the Institutional strategic plan.  ***Return form to: The Office of Sponsored Programs, Munger 102, 205.226.4667 or jchandle@bsc.edu***  *After all signatures have been received, a copy will be sent to the PI/PD. The Office of Sponsored Programs will contact the PI/PD to coordinate submission of the proposal.* | |