

INTERNAL ROUTING FORM FOR GRANT/CONTRACT SUBMISSION

***A copy of the completed grant, including budget and incentive pay plan agreement (if applicable), must be included along with this form when submitted to ORGSP.**

PROJECT TITLE: _____

SIGNATURES

In making this application, I certify that I have read and understood Lincoln Memorial University's policies and procedures governing grants and sponsored programs. I shall comply with the letter and spirit of those policies and will not undertake this research/program without the required approvals.

PI/PD Signature

Date

DEAN/SUPERVISOR:

I certify that I have read and understood Lincoln Memorial University's policies and procedures governing grants and sponsored programs. I have reviewed and I approve this proposal and budget. The resources necessary to meet the requirements of the grant are supported and approved by me.

Dean/Supervisor Signature

Date

FINANCE (ONLY IN CASES THAT REQUIRE MATCHING FUNDS/COST SHARING)

I have examined this application and I am satisfied Lincoln Memorial University can meet the cost sharing/matching requirements presented in the application.

VP for Finance Signature

Date

SUBMISSION INFORMATION

Please submit to: **Office of Research, Grants, and Sponsored Programs (ORGSP)**
Lincoln Memorial University, Duke 304
6965 Cumberland Gap Parkway
Harrogate, TN 37752

Forms and policy guidelines are available at:
<http://www.lmunet.edu/curstudents/ORGSP/index.html>

For questions, comments, or assistance in completing the form, contact the ORGSP at 423-869-6291 or
carolyn.gulley@lmunet.edu

VICE PRESIDENT FOR ACADEMIC AFFAIRS

I have examined this completed proposal and budget. I am satisfied that the requirements for the proposal submission have been met.

VP for Academic Affairs Signature

Date