

JACKSONVILLE STATE UNIVERSITY
APPROVAL FORM FOR SPONSORED PROJECTS

PROPOSAL TITLE: _____

FEDERAL STIMULUS (ARRA) NEW PROPOSAL _____ RENEWED PROPOSAL _____
 Yes _____ No _____

PROJECT DIRECTOR: _____

DEPARTMENT: _____

SPONSOR: _____

PERIOD OF PERFORMANCE: _____

PROPOSED BUDGET SUMMARY

	External Funding Agency	JSU Matching Funds Cash	In-Kind	Dept. Source Account #
Salaries				
Benefits				
Equipment				
Travel				
Supplies/Materials				
Consulting Fees				
Other				
Subtotal				
Indirect Cost				
TOTALS				

Comments: _____

Space:
 Will this project require additional lab space? _____
 Will this project require additional office space? _____
 Do you have adequate space? _____

Department Head: _____ Date: _____

Dean: _____ Date: _____

VP for Project: _____ Date: _____

Grants Office: _____ Date: _____

JSU Authorized Official: _____ Date: _____