

**JACKSONVILLE STATE UNIVERSITY
APPROVAL FORM FOR SPONSORED PROJECTS**

PROPOSAL TITLE: _____

NEW PROPOSAL _____ RENEWED PROPOSAL _____

PROJECT DIRECTOR: _____

DEPARTMENT: _____

SPONSOR: _____

PERIOD OF PERFORMANCE: _____

PROPOSED BUDGET SUMMARY

	External Funding Agency	JSU Matching Funds		Dept. Source Account #
		Cash	In-Kind	
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: _____

V P for Project: _____ Date: _____

Grants Office: _____ Date: _____

JSU Authorized Official: _____ Date: _____