



PROPOSAL APPROVAL ROUTING FORM
George Mason University
Office of Sponsored Program (OSP)

GMU #	Initial Review Date:	Revision #	Review Date:
Deadline:	Submission Date:	Start Date:	End Date:
Principal Investigator:		E-mail :	
Position Title:		Phone:	
Co-Investigator(s)			
Faculty Associates			
Lead Unit:			
Project Title:			
Sponsor:		Prime Sponsor:	
NSF Discipline Code:	CFDA:	Program Code:	
Type of Activity: <input type="checkbox"/> Research <input type="checkbox"/> Training/Instruction <input type="checkbox"/> Service <input type="checkbox"/> Fellowship <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Other _____			
Type of Award <input type="checkbox"/> Grant <input type="checkbox"/> Contract <input type="checkbox"/> Subcontract <input type="checkbox"/> Coop Agreement <input type="checkbox"/> Other _____			
Yes ___ No ___ GMU subcontracting to another organization? <input type="checkbox"/> Budget with signature of Institutional Officer included			
Name(s) of subcontracting organization(s):			
FACILITIES & ADMINISTRATIVE (F&A) COST RECOVERY DISTRIBUTION			SUMMARY PROPOSED BUDGET
Rate charged to sponsor: of			Sponsor
Distribution of 100% F&A costs recovered is as follows:			GMU Cash
University:% Provost:% BRL:%			GMU In-kind
Remaining F&A costs recovered will be distributed as follows:			Unrecovered F&A
Principal Investigators	Department/Center	School/College/Institute	Tuition Contribution
			Other Cash
			Other In-kind
Total:	Total:	Total:	Total Budget

