

UMCE PROPOSAL TRACKING SHEET

Principal Investigator Name: _____

Mailing address: _____

Telephone: _____ Email: _____ Fax: _____

Project Title: _____

Name of Grantor: _____

Special Requirements/Deadline: _____

Final Draft Yes No

	<u>Date Given To</u>	<u>By Whom</u>	<u>Date Approved</u>	<u>Initials</u>
<input type="checkbox"/> Program Administrator	_____	_____	_____	_____
<input type="checkbox"/> Financial Administrator	_____	_____	_____	_____
<input type="checkbox"/> Director	_____	_____	_____	_____
<input type="checkbox"/> Sponsored Programs UM Development Office (please circle appropriate one)	_____	_____	_____	_____
<input type="checkbox"/> Resource Development Officer	_____	_____	(Copy for files)	

Special grant approval and submission arrangements: