

## Sign Off Sheet For Grant/Contract Proposal Approval

It is the responsibility of the proposal writer to inform the Department Chair in the case of an academic department, or the Department Director in the case of an administrative department of the potential impact upon teaching load, advising, committee service, department support services or any other effect on University administration. Furthermore, the grant proposal writer is responsible for obtaining all signatures five(5) days before the date of submission. Please make sure all information is complete on this form.

Submitted by (proposal writer): \_\_\_\_\_ Date: \_\_\_\_\_  
Deadline by which proposal must be submitted: \_\_\_\_\_

### *Signatures below represent approval of proposal*

Department Chair or Director: \_\_\_\_\_ Date: \_\_\_\_\_

School Dean or Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President IITS \_\_\_\_\_ Date: \_\_\_\_\_  
IF THE PROPOSAL REQUIRES TECHNOLOGY EQUIPMENT OR SERVICES THIS SIGNATURE IS REQUIRED.

Grants Office: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

VP for Administration  
and Finance: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: (of area) \_\_\_\_\_ Date: \_\_\_\_\_

VP Inst. Advancement or Dir. of Corp and Foundation Relations:  
\_\_\_\_\_ Date: \_\_\_\_\_

IF THE PROPOSAL IS SEEKING SUPPORT FROM A PRIVATE FOUNDATION, BUSINESS, INDUSTRY, OR INDIVIDUAL, APPROVAL TO MAKE THE REQUEST MUST BE GIVEN BY INSTITUTIONAL ADVANCEMENT BEFORE THE PROPOSAL IS DRAFTED.

Granting Agency Funding Amount \$ \_\_\_\_\_

Required Longwood University Cash Match \$ \_\_\_\_\_ Banner Account \_\_\_\_\_

Required Longwood University In-Kind Match \$ \_\_\_\_\_ Banner Account \_\_\_\_\_

**THIS ORIGINAL FORM ALONG WITH A COPY OF THE PROPOSAL MUST BE SENT TO SYLVIA SCHUTT IN THE ACCOUNTING AND FINANCIAL REPORTING OFFICE (GRANTS OFFICE - LANCASTER 213C) AFTER ALL SIGNATURES ARE COMPLETED.**