



County Routing Questionnaire Grant Proposals and Awards

Proposal Award

Project Title _____ County _____
 Project Director _____ District _____

Proposed Beginning and Ending Dates _____
 Source of Funding (Federal, State, Private, Flow Through) _____
 Sponsor's Name _____
 Sponsor Contact Information: _____

Amount:
 Requested \$ _____
 Awarded \$ _____

Note: Unless some special circumstance exists, grants of \$500 or less can be administered in the County. Grants of \$501 - \$2499 will be administered according to the approved routing action below. Any grant over \$2500 must be routed and administered through DASNR Sponsored Programs.

Describe Location Where Program Activities Will Take Place: _____

	Yes	No
Will This Project Involve Any of the Following:		
The need for additional equipment or facilities not already available.....	<input type="checkbox"/>	<input type="checkbox"/>
Cost share or matching from OSU sources or other sources.....	<input type="checkbox"/>	<input type="checkbox"/>
Corresponding income from other sources (ex. registration fees, etc).....	<input type="checkbox"/>	<input type="checkbox"/>
Hiring of any new personnel (permanent or temporary).....	<input type="checkbox"/>	<input type="checkbox"/>
Contribution of staff time to other party's proposed project.....	<input type="checkbox"/>	<input type="checkbox"/>
Use/Purchase of firearms.....	<input type="checkbox"/>	<input type="checkbox"/>
Use/Purchase of equipment.....	<input type="checkbox"/>	<input type="checkbox"/>
Use/Purchase of animals.....	<input type="checkbox"/>	<input type="checkbox"/>
Human subjects (including surveys).....	<input type="checkbox"/>	<input type="checkbox"/>
Require signature on behalf of OSU.....	<input type="checkbox"/>	<input type="checkbox"/>

Are There Any Reporting Expectations From the Sponsor?:		
Financial	<input type="checkbox"/>	<input type="checkbox"/>
Programmatic	<input type="checkbox"/>	<input type="checkbox"/>
Billing/Invoicing	<input type="checkbox"/>	<input type="checkbox"/>

Provide Any Available Guidelines/Instructions (Check one):
 Instructions on application form
 Copy of guidelines attached
 Guidelines available online at: _____

Submitted by: _____
 County Extension Educator

Approved by: _____
 County Extension Director

District Director Signature: _____ _____ District Director	Approved Routing Action: <input type="checkbox"/> To Be Administered Within the County <input type="checkbox"/> Route/Admin. through OSU DASNR Sponsored Programs Office
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Instructions: Complete this form for all proposals and for all receipt of awards. Sign and submit (email is acceptable) with copy of relevant proposal or award document to your District Director at least 10 working days prior to any submission deadline. After DD signature, a copy should be submitted to DASNR Sponsored Programs.