

***Please use this slip when sending any corresponding documents to GCA  
or GCFA via:***

**GCA Medical School****Campus Mail:** 47 College St., Suite 203**Phone:** 203-785-4689**Fax:** 203-785-4159 (Grants)  
203-785-4169 (Contracts)**Email:** [contract.med@yale.edu](mailto:contract.med@yale.edu)**GCA Central Campus****Campus Mail:** 155 Whitney Ave, Suite 214**Phone:** 203-432-2460**Fax:** 203-432-7138**Email:** [grants@yale.edu](mailto:grants@yale.edu)**GCFA****Campus Mail:** 155 Whitney Ave, Rm 230**Phone:** 203-432-3060**Fax:** 203-432-5837**Email:** [gcfa@yale.edu](mailto:gcfa@yale.edu)

***Please use subject "GCA Routing" or "GCFA Routing" on emails***

**TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
GCA-GCFA Contact person if applicable

**FROM:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
Department Contact person

**P.I.** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**OTHER IDENTIFIER (i.e. Proposal Summary & Cert #/Award #/Grant #):** \_\_\_\_\_

**Number of pages:** \_\_\_\_\_  
(Including routing slip)

Please send to Sponsor/Institution

Please call Department Contact

For GCA/GCFA Records (Final copy)

**Action Required Immediately**

Requires Institutional Signature (Includes Dept. approval)

Date needed by \_\_\_\_\_

Proposal Summary & Certification with Additional Signatures

Other

**Additional Information/Comments:**