

Preliminary Grant Proposal Form

SUMMARY
Proposed Title Project:
Due Date for Submission:
Funding Agency:
Funding Program:
Agency Type: Federal Federal-via-state State Local (select one) Other:
Principal Investigator:
(Applicant)
Phone: Email:
Co-Principal Investigator(s):
Project Abstract (attach a brief abstract explaining the project)
Partner Type:
Brief Description of Partner Responsibilities:
ESTIMATED BUDGET
Attach an abbreviated project budget
Period of Support - Beginning Date: Ending Date:
Year 1 Funding: \$ Total Funding: \$
MATCHING INFORMATION
Are matching funds required? ☐ YES ☐ NO How much? \$
Are in-kind contributions permitted? \square YES \square NO

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POTENTIAL IMPACT (STUD	ENTS/ STAFF/ SPAC	CE)		
When will work be done?				
ESH required for grant work per semester?		How many new s	taff will be required?	
How many existing staff will be r Where will the project be located Campus(es) / Center(s)	?			
What space will be required?	Offices:	Cla	ssrooms:	
Information Technology Support:	·			
Institutional Research Support:				
Other Considerations:				
COMMUNICATIONS IMPAC	T			
Will you be requesting communic	cations support in your	grant proposal?		
☐ Brochures/Publications	☐ Artwork/Logos		☐ Advertising	
☐ Web pages	pages Press Releases & other publicity Video			
Additional Comments:				
SIGNATURES AND REVIEW	:			
Signature indicates acceptance of	responsibility for perfe	ormance of grant.		
Project Director/Principal Investigate	Date:			
Faculty Led Proposal:				
Chair Name:	Chair Signatur	re:	Date:	
Dean Name:	Dean Signatur	e:	Date:	
VPP Name:	VPP Signature	»:	Date:	
Staff/Administrator Led Proposal:	:			
Supervisor Name:	Supervisor Sig	gnature:	Date:	
Administrator Name:	Administrator S	Signature:	Date:	

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