



Preliminary Grant Proposal Form

SUMMARY

Proposed Title of Project:

Due Date for Submission: _____

Funding Agency: _____

Funding Program: _____

Agency Type: ☐ Federal ☐ Federal-via-state ☐ State ☐ Local
(select one)

☐ Other: _____

Principal Investigator: _____
(Applicant)

☐ Faculty – FT ☐ Staff ☐ Administrator

Phone: _____

Email: _____

Co-Principal Investigator(s):

Project Abstract (attach a brief abstract explaining the project)

Partner(s):
(if any)

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? ☐ YES ☐ NO

POTENTIAL IMPACT (STUDENTS/ STAFF/ SPACE)

When will work be done? _____

ESH required for grant work per semester? _____

How many new staff will be required? _____

How many existing staff will be reallocated? _____

Where will the project be located?

Campus(es) / Center(s) _____

What space will be required? Offices: _____ Classrooms: _____

Information Technology Support: _____

Institutional Research Support: _____

Other Considerations:

COMMUNICATIONS IMPACT

Will you be requesting communications support in your grant proposal?

☐ Brochures/Publications

☐ Artwork/Logos

☐ Advertising

☐ Web pages

☐ Press Releases & other publicity

☐ Videos/MCTV Support

Additional Comments:

SIGNATURES AND REVIEW:

Signature indicates acceptance of responsibility for performance of grant.

Project Director/
Principal Investigator Signature: _____ Date: _____

Faculty Led Proposal:

Chair Name: _____

Chair Signature: _____ Date: _____

Dean Name: _____

Dean Signature: _____ Date: _____

VP Name: _____

VP Signature: _____ Date: _____

SVP Name: _____

SVP Signature: _____ Date: _____

Staff/Administrator Led Proposal:

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Administrator Name: _____

Administrator Signature: _____ Date: _____

SVP Name: _____

SVP Signature: _____ Date: _____

Email signed form to Office of Grants & Sponsored Programs