### Authorization to Apply for Grant or Contract from Private Foundation/Corporate Foundation or Corporation/Business

**Application Status**
- [ ] New
- [ ] Continuation
- [ ] Renewal
- [ ] Revision

**Due Date**

**Funding Agency**

**Amount Requested**

**Total Amount of Project**

**Matching Funds Required**
- [ ] Yes
- [ ] No

*(Indicate Percent or Amount)*

**Project Dates:**
- **Start**
- **Finish**

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1. **Proposal (s) Title**

2. **List Proposed Major Goal(s)**

3. **Other Pertinent Program and Fiscal Background Data**
   - *Any new proposed staffing requirements?*  
     - [ ] Yes
     - [ ] No
     - If yes, list positions to be filled and give percent of time for each position. *(Use additional sheet if necessary)*

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<tr>
<th>Position</th>
<th>Percentage of Time</th>
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   * Will current employees be needed to ensure success of the project?  
     - [ ] Yes
     - [ ] No

   If yes, will release-time or supplemental pay be requested in the proposed budget?  
     - [ ] Yes
     - [ ] No

   If yes, explain ____________________________

   * Will student(s) be employed by the project?  
     - [ ] Yes
     - [ ] No

   *(If yes, explain)*

   * Will scholarship or stipend support be provided under the proposed agency?  
     - [ ] Yes
     - [ ] No

   If yes, explain ____________________________

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**Due Date** _____________________________

**Funding Agency** _____________________

**Amount Requested** ___________________

**Total Amount of Project** ___________

**Matching Funds Required**
- [ ] Yes
- [ ] No

*(Indicate Percent or Amount)*

**Project Dates:**
- **Start**
- **Finish**

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Appendix 9
Revised August 2012
4. ADMINISTRATIVE ISSUES
* Will matching funds be required? __________ Yes ________ No
If yes, please indicate the percent. __________________________
__________________ Cash _________________ In-kind __________ Other Sources (as partners for the project)
Please list potential source(s) of matching funds (if known) ____________________________________________

* Are there other requirements? ______ Yes ________ No
Facilities (offices, classrooms, labs, buildings) ____Yes ____No (If Yes, Explain)

Equipment (computers, furnishings) ____Yes ____No (If Yes, Explain)

Information Technology Resources (Internet access, technical support) ____Yes ____No (If Yes, Explain)

Services (library resources, food, housing, transportation) _______Yes _______No (If Yes, Explain)

Other (please list) __________________________________________________________

5. REQUIRED REVIEW PROCESS FOR ALL AUTHORIZATIONS TO APPLY:
(All signatures are required in Item 5 for a proposal to be approved for submission.)

__________________________________________________
Project Director                                                     Date

___________________________________________________
Provost /Exec. VP Academic Affairs                            Date

__________________________________________________
Department Chair                                                  Date

___________________________________________________
VP for Finance and Administration                            Date

__________________________________________________
Dean                                                           Date

___________________________________________________
VP for Institutional Advancement                              Date

Once all approval and signatures have been secured, the proposal will be approved via the Office of Institutional Advancement