



# TOUGALOO 1869 COLLEGE

## AUTHORIZATION TO APPLY FOR GRANT OR CONTRACT FROM PRIVATE FOUNDATION/CORPORATE FOUNDATION OR CORPORATION/BUSINESS

|  |   |
|--|---|
| <p><b>APPLICATION STATUS</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Revision</p> | <p><b>DUE DATE</b> _____</p> <p><b>FUNDING AGENCY</b> _____</p> <p><b>AMOUNT REQUESTED</b> _____</p> <p><b>TOTAL AMOUNT OF PROJECT</b> _____</p> <p><b>MATCHING FUNDS REQUIRED</b> <u>Yes</u> <u>No</u><br/>(Indicate Percent or Amount)</p> <p>_____</p> <p><b>PROJECT DATES:</b><br/><b>START</b> _____ <b>FINISH</b> _____</p> |
|--|---|

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)

| <u>Position</u> | <u>Percentage of Time</u> |
|-----------------|---------------------------|
| _____           | _____                     |
| _____           | _____                     |
| _____           | _____                     |

\* 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 \_\_\_\_\_

(OVER)

**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