TOUGALOO COLLEGE

AUTHORIZED TO APPLY FOR GRANT OR CONTRACT

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 ____________

1. PROPOSAL(S) TITLE _______________________________________________________

2. LIST PROPOSED MAJOR GOAL(S) __________________________________________

3. OTHER PERTINENT PROGRAM AND FISCAL BACKGROUND DATA
   * Any new staffing requirements? ________Yes ________No If yes, list positions to be filled and give percent of
time for each position.

<table>
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<tr>
<th>Position</th>
<th>Percentage of Time</th>
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   (Use additional sheet if necessary)

   * 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 __________________________________________________________________________

   * Are human subjects involved in this project? ________Yes ___ No ___ Human ______ Animal

   If yes, additional assurances/compliance issues may have to be addressed. The OSPR will assist in this requirement.

   (OVER)
4. ADMINISTRATIVE ISSUES

* Is indirect cost overhead allowed by the sponsoring agency? _______ Yes _______ No

If yes, please indicate percent. __________________________________________________________

* 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 __________________________________________

* 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.)

______________________________ ______________________ __________________________________________________
PI/Project Director                                             Date                      Exec. Vice President for Academic Affairs            Date

______________________________ Date
Chair                                                                    Date

______________________________ Date
Dean                                                                     Date                      Director, Sponsored Programs & Research           Date

6. APPROVAL SIGNATURES FOR ALL AUTHORIZATIONS TO APPLY REQUIRING MATCHING FUNDS:
(Signatures in Item 6 are required if proposal requires cash or in-kind matching dollars.)

__________________________________ Date
Vice President for Finance and Administration

__________________________________ Date
President

__________________________________ Date

FINAL PROPOSAL MUST BE SUBMITTED USING THE ATTACHED ROUTING FORM