



TOUGALOO 1869 COLLEGE

AUTHORIZATION TO APPLY FOR GRANT OR CONTRACT

APPLICATION STATUS	DUE DATE _____
<input type="checkbox"/> New	FUNDING AGENCY _____
<input type="checkbox"/> Continuation	AMOUNT REQUESTED _____
<input type="checkbox"/> Renewal	TOTAL AMOUNT OF PROJECT _____
<input type="checkbox"/> Revision	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.

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

(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

Chair 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.)

Vice President for Finance and Administration Date

President Date

FINAL PROPOSAL MUST BE SUBMITTED USING THE ATTACHED ROUTING FORM