

Proposal Form -Concept

Today's Date:	Prepared by:		
Phone/Ext:	Email:		
Project Title:			<input type="checkbox"/> New Project <input type="checkbox"/> Continuing
Project Period:			
Project Director:	Department:		
Funding Source:			
Application Deadline:	Date:	<input type="checkbox"/> Postmarked <input type="checkbox"/> Received	
Duration of Funding:			
Funding Amount:	\$	Match Requirement: \$	Indirect Amount: \$
Contract Obligations:	List all College Obligations – <ul style="list-style-type: none"> ○ Facilities: ○ Staff: ○ Matching Funds: ○ Institutionalization Requirement: ○ Other: 		
Technology Resources Funding Source:			
Partners / MOUs:			
Approval Date:	Approval Signature (Chair) X		
Approval Date:	Approval Signature (Dean) X		
Approval Date:	Approval Signature (Appropriate Vice President) X		
Approval Date:	Approval Signature (Vice President of Administrative Services) X		
Approval Date:	Recommend Development of Grant/Contract Proposal Approval Signature (President) X		
Route Information Copies to: Appropriate Vice President			