



# Grant Transmittal Form

This form is to be submitted internally with a draft grant application (narrative, budget, and other required documents) for review and approval prior to the final submission to the granting agency. See bottom of the form for order of signatures. **This form must be filed before you can submit any grant proposal, and must be submitted at least 5 business days prior to the grant submission deadline.**

## Funder Information

Funder name: \_\_\_\_\_

Funder type:  Federal  State  Foundation  Other \_\_\_\_\_

Link to Request for Proposal/Funding Announcement: \_\_\_\_\_

## Proposal Information

Project Title: \_\_\_\_\_

Project Director (or Principle Investigator): \_\_\_\_\_ Department: \_\_\_\_\_

Project Co-Director (or Co-Principle Investigator): \_\_\_\_\_ Department: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type of Application (choose one):  New  Continuation  Pre-proposal/Intent

Application Due Date and Time: \_\_\_\_\_

Term of the grant (in months): \_\_\_\_\_

Does this project involve any of the following items?

- Does grant require nonprofit status?  Yes  No  
*If yes, approval must be provided by Foundation director.*
- Hiring new staff or contractors?  Yes  No  
*If yes, proposed new positions must be reviewed by human resources and business office prior to grant submission to ensure appropriate salary estimates.*
- Release time or course reductions for any faculty or instructional staff?  Yes  No  
*If yes, approval must be given by the appropriate Dean prior to submission.*
- Creation or modification of a degree program or service?  Yes  No  
*If yes, review with the Vice President of Student Success before submission.*
- Use of animals?  Yes  No  
*If yes, contact the Vice President of Finance and Administration before submission.*
- Use of human subjects?  Yes  No  
*If yes, please attach IRB approval or waiver notification*
- Hazardous materials (carcinogens, teratogens, metagens, etc.)?  Yes  No  
*If yes, contact the Vice President of Finance and Administration before submission.*
- Reallocation of space, remodeling or construction?  Yes  No  
*If yes, contact the director of facilities before submission.*
- Equipment installation?  Yes  No  
*If yes, contact the director of facilities before submission.*
- Ongoing costs to institutionalize or maintain the project?  Yes  No  
*If yes, contact the Vice President of Finance and Administration before submission.*
- Software, computer, or other technology rental or purchase?  Yes  No  
*If yes, please contact the chief information officer prior to submission.*

If you answered yes to any of these questions, please affirm that you have followed up with the appropriate personnel and incorporated their guidance/obtained their approval for this proposal.

Yes  No

Total Project Cost: \_\_\_\_\_ Total Direct Costs: \_\_\_\_\_ Total Indirect Costs: \_\_\_\_\_

Are you requesting a waiver of indirect costs?

If yes, please explain why. If agency/organization does not allow indirect costs, please attach the policy statement.

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Does the project require a match/cost share?  Yes  No

If yes, please provide the sources and types of match secured for this project:

| Source | Cash Match Amount | In-Kind Match Amount | In-Kind Match Description |
|--------|-------------------|----------------------|---------------------------|
|        |                   |                      |                           |
|        |                   |                      |                           |
|        |                   |                      |                           |
|        |                   |                      |                           |
|        |                   |                      |                           |

Please provide a summary of your project budget:

|                     | Grant Amount Requested | Matching Amount (if required) | Match Type (cash or in-kind) | Total |
|---------------------|------------------------|-------------------------------|------------------------------|-------|
| Salaries            |                        |                               |                              |       |
| Fringe              |                        |                               |                              |       |
| Equipment           |                        |                               |                              |       |
| Travel              |                        |                               |                              |       |
| Supplies            |                        |                               |                              |       |
| Contracted Services |                        |                               |                              |       |
| Other               |                        |                               |                              |       |
| Total Direct Costs  |                        |                               |                              |       |
| Indirect Costs      |                        |                               |                              |       |
| Total               |                        |                               |                              |       |

**Required Signatures**

**Principal Investigator/Project Director**

\_\_\_\_\_  
Name Signature Date

**Principal Investigator/Project Director Supervisor**

\_\_\_\_\_  
Name Signature Date

**Dean**

\_\_\_\_\_  
Name Signature Date

**Vice President of Finance and Administration**

\_\_\_\_\_  
Name Signature Date

**Vice President of Strategic Initiatives**

\_\_\_\_\_  
Name Signature Date

*If, over \$100,000*

**President**

\_\_\_\_\_  
Name Signature Date