

## 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 ☐ Stat   | te □ Foundation              | ☐ Other   |  |  |  |
| Link to Request for Proposal/Funding A  | Announcement:                |   |  |  |  |
| Proposal Information  |                              |   |  |  |  |
| Project Title:  |                              |   |  |  |  |
| Project Director  |                              |   |  |  |  |
| (or Principle Investigator):  |                              | Department:                                     |  |  |  |
| Project Co-Director<br>(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 follo  | owing items?                 |   |  |  |  |
| Does grant require nonprofit st   | atus?                        | □ Yes □ No                                      |  |  |  |
| If yes, approval must be pr   | -                            |   |  |  |  |
| Hiring new staff or contractors?  |                              | ☐ Yes ☐ No                                      |  |  |  |
| If yes, proposed new position to grant submission to                                |                              | human resources and business office             |  |  |  |
| Release time or course reducti  |                              |   |  |  |  |
| If yes, approval must be gi   |                              |   |  |  |  |
| Creation or modification of a de  |                              | •   |  |  |  |
| If yes, review with the Vice  | President of Student Suc     | cess before submission.                         |  |  |  |
| Use of animals?   |                              | ☐ Yes ☐ No                                      |  |  |  |
|   | sident of Finance and Adr    | ministration before submission.                 |  |  |  |
| Use of human subjects?  |                              | □ Yes □ No                                      |  |  |  |
| If yes, please attach IRB a   | · ·                          |   |  |  |  |
| Hazardous materials (carcinog   |                              |   |  |  |  |
| If yes, contact the Vice President of Finance and Administration before submission. |                              |   |  |  |  |
| Reallocation of space, remode   |                              | ☐ Yes ☐ No                                      |  |  |  |
| If yes, contact the director  | of facilities before submiss |   |  |  |  |
| Equipment installation?   | of facilities hefore submiss | ☐ Yes ☐ No                                      |  |  |  |
| If yes, contact the director  |                              | □ Yes □ No                                      |  |  |  |
| Ongoing costs to institutionalize   |                              | ப் res ப் No<br>ministration before submission. |  |  |  |
| Software, computer, or other to   |                              |   |  |  |  |
| If yes, please contact the c  |                              |   |  |  |  |

| If you answered yes to any of these quappropriate personnel and incorporate                                |                      | obtained their app      |                              |
|--|----------------------|-------------------------|------------------------------|
| Total Project Cost:Total Direct  | Costs:               | Total Indirec           | t Costs:                     |
| Are you requesting a waiver of indirect costs?  If yes, please explain why. If agency/or policy statement. | ganization does      | not allow indirect      | costs, please attach the     |
|  |                      |                         |                              |
| Does the project require a match/cost share? If yes, please provide the sources and                        |                      | ecured for this pro     | oject:                       |
| Source   | Cash Match<br>Amount | In-Kind Match<br>Amount | In-Kind Match<br>Description |
|  |                      |                         |                              |
|  |                      |                         |                              |

Please provide a summary of your project budget:

|                     | Grant Amount | Matching Amount | Match Type        | Total |
|---------------------|--------------|-----------------|-------------------|-------|
|                     | Requested    | (if required)   | (cash or in-kind) | lotai |
| 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/P | roject Director Supervisor |          |
|                          | •                          |          |
|                          |                            |          |
|                          |                            |          |
| Name                     | <br>Signature              | <br>Date |
| Ivaille                  | Signature                  | Date     |
|                          |                            |          |
| _                        |                            |          |
| Dean                     |                            |          |
|                          |                            |          |
|                          |                            |          |
| Name                     | <br>Signature              | <br>Date |
| Namo                     | Oignatare                  | Bate     |
|                          |                            |          |
| Vice President of Finan  | ce and Administration      |          |
| vioo i rooidont oi i man | oo ana Aammonadon          |          |
|                          |                            |          |
|                          |                            |          |
| Name                     | Signature                  | Date     |
|                          |                            |          |
|                          |                            |          |
| Vice President of Strate | gic Initiatives            |          |
|                          |                            |          |
|                          |                            |          |
| N                        | 0:                         |          |
| Name                     | Signature                  | Date     |
|                          |                            |          |
| If over \$100,000        |                            |          |
| President                |                            |          |
|                          |                            |          |
|                          |                            |          |
|                          |                            |          |
| Name                     | Signature                  | Date     |