



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