

Preliminary Grant Development Approval Form

Faculty/Staff Submitting Form:		Date Submitted:	
Preliminary Proposal Information			
College Department:		New Proposal: <input type="checkbox"/>	Renewal: <input type="checkbox"/>
Title of Proposal:			
Provide a general description of the project and how the project will benefit Northeast State. Address alignment with college mission, strategic plan, QEP, SEM Plan, etc.).			
Project Director (Main Contact):		Estimated Start Date:	
Submission Deadline:		Estimated End Date:	
Proposal information has been shared with key personnel/college departments (noted in the table below) that are needed to implement the project and/or that might be significantly impacted by the project:			
Name		Title	
Level of Support Requested from the Grant Development Office (check all that apply):			
<input type="checkbox"/> Project Planning	<input type="checkbox"/> Proposal Development	<input type="checkbox"/> Budget Development	
<input type="checkbox"/> Proposal Writing	<input type="checkbox"/> Proposal Editing	<input type="checkbox"/> Other:	
Estimated Budget			
Estimated Project Cost:		Amount of Request:	
Funding Source:		Funder Website:	
Funder Type:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Foundation <input type="checkbox"/> Local/Private <input type="checkbox"/> Other
Matching Required?	If yes, how much?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Possible Source:		
Community Partners Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Letters of Commitment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preliminary Administrative Approvals			
	Signature	Date	
Academic Dean/Supervisor			
Supervising Vice President			
Director of Grant Development			
President			