

Grant Proposal Submission Form

Project Name/Title: _____

Project Director: _____

Amount Requested: **Federal:** \$ _____ **State:** \$ _____ **Institutional:** \$ _____
 Local: \$ _____ **Foundation:** \$ _____ **Other:** _____

STATEMENT OF ASSURANCES

	YES	NO
1. This grant furthers the mission of Northeast State.	<input type="checkbox"/>	<input type="checkbox"/>
2. This grant proposal has been prepared in accordance with Northeast State's grant development guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
3. This proposal requires an expenditure of College funds. If yes, \$ _____ Explanation: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. This grant proposal requires matching funds and/or /leverage by the institution. If yes, \$ _____ Source/Explanation _____	<input type="checkbox"/>	<input type="checkbox"/>
5. An indirect cost have been computed and included in the grant proposal budget. If yes, % _____ If no, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>

Administrative Approval to Submit

This grant proposal has been reviewed by:

Grant Initiator: _____

Supervising Vice President: _____

Chief Financial Officer: _____

Vice President for
Administration and Grant Development _____

The grant proposal accompanying this request has been:

- _____ A. Disapproved, due to: _____
- _____ B. Approved.
- _____ C. Approved - Subject to Chancellor's approval. (May not be implemented until such approval is secured.)

Dr. Bethany H. Flora, President

Date: _____