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| Funding Opportunity Name:       |
| Description of the Funding Opportunity:       |
| Grant Type: [ ]  State [ ]  Federal [ ]  Foundation [ ]  Private [ ]  Internal [ ]  Other:       |
| Funding Opportunity Award Range:       | Proposal Due Date to Funding Agency:       |
| Funding Opportunity Length of Award (Years):       |
| Grant Requirements:[ ]  Financial matching is required [ ]  In-kind matching is required [ ]  Matching is not required [ ]  There are no partnership requirements [ ]  There are partnership requirements with:       |
|  |
| Working Title for Concept:       |
| Description of the Concept:       |
| Funding Request Amount:       |
| Plan for Expenditure of Grant Funds:       |
| Anticipated Outcome(s):       |
| Describe how the concept aligns with Program Review and/or the Educational Master Plan Goals/Initiatives:      If the concept does not align, please provide further justification:       |
| Concept Submitted By:  |  |  |
| *(Signature)* | *(Date)* |
|  |  |
| *(Please print name)* | *(Contact Information)* |
| Concept Supported By: |  |  |
| *(Signature)* | *(Date)* |
|  |  |
| *(Please print name of Dean/Director/Manager)* | *(Contact Information)* |
| Vice President’s Approval: |  |  |
| *(Signature)* | *(Date)* |
|  |  |
| *(Please print name of Vice President)* | *(Contact Information)* |
| President’s Cabinet Response: | *□Cabinet approves the concept and supports the development of a full application/proposal.* |
| *□Cabinet does not approve the concept or support the development of a full app/proposal.* |
| *□Cabinet requests additional information before a decision can be made. (See below)* |
| President’s Cabinet Questions and Comments: |  |