



GRANT SUBMISSION COVER SHEET
(Use this form to submit a grant proposal funding agency)

I. Primary Contact/Principal Investigator OR **Partner with another entity:**
 Name: _____
 E-mail: _____
 Division: _____
 Internal Partners: _____
 Phone: _____

II. Grant Information

1. Grant/Solicitation Title: _____ Type: _____
 If a sub award, who is the fiscal agent? _____

2. Source: _____ If Federal, please choose: _____
 If Foundation, please state: _____
 If other, please specify: _____

3. Due date for grant submission: _____

III. Budget Information

1. Award Amount Estimate (per year and total):

	Year 1	Year 2	Year 3	Year 4	Year 5
Direct Costs					
Indirect Costs					
Total					

2. Matching costs required? No Yes, describe below:
 3. IRB review required? No Yes, IRB signature:

IV. Signatures

For information only

Principal Investigator: _____ Date: _____
 Division Dean: _____ Date: _____
 Dean of PRIE: _____ Date: _____
 Vice President: _____ Date: _____
 College President: _____ Date: _____

Send signed copy to College VP of Administrative Services, Dean, and VP of Instruction

Attach abstract or grant narrative summary (1 page max.)