If you are interested in pursuing grant funding to support a project, initiative, or research, please consult your division administrator(s), complete the following information, and obtain signatures as appropriate. **All requests to develop grant proposals will be reviewed and approved by the Grants Management Team (GMT) (**[**grants@muskingum.edu**](mailto:grants@muskingum.edu)**) to ensure that the strategies or activities proposed align with Muskingum’s institutional and grant funding priorities.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Prepared/Submitted by (Name and Title):**   Click or tap here to enter text. | 1. **Date Form Completed:**   Click or tap to enter a date. | | |
| 1. **Department:**   Click or tap here to enter text. | 1. **Office No. and Extension:**   Click or tap here to enter text. | | |
| 1. **Proposal Name or Descriptive Title:**   Click or tap here to enter text.  *Check if this is a resubmission.* | | | |
| 1. **Alignment with Institutional Priorities** *(select all that apply and explain)* Priority One: Student Access, Retention, and Completion  Priority Two: Enhanced Educational Programming  Priority Three: Facilities and Infrastructure  Other: Click or tap here to enter text. | | | |
| **7. Funding Sources**   * Are potential funding sources identified for this program? Yes  No    + If yes, please provide additional information including links to websites:   Click to provide URL to website or solicitation. Click to provide additional information.   * Is there a current application deadline for an upcoming grant competition? Yes  No    + If yes, please provide the deadline date: Click or tap to enter a date.   + If no, will funding research assistance be needed to identify possible opportunities? Yes  No | | | |
| **8. Projected Budget** *(to be refined with final proposal)* | | **Start Date** | **End Date** |
| Anticipated Project Duration | | Click to enter a date. | Click to enter a date. |
|  | | **Grant Request** | **Muskingum Commitment** |
| Salary | | $ | $ |
| Fringe Benefits | | $ | $ |
| Travel | | $ | $ |
| Equipment *(unit cost over $5,000)* | | $ | $ |
| Supplies | | $ | $ |
| Construction/Renovation | | $ | $ |
| Consultant or Contract Fees | | $ | $ |
| Other Costs *(please explain)*: Enter text here. | | $ | $ |
| Facilities & Administrative Costs *(if allowed by funder)*: | | $ | $ |
| **Total Estimated Cost** | | **$** | **$** |
| **9. Muskingum Commitment**   * Will additional space be needed for staff or for student activities? Yes  No    *If yes, please elaborate: Click to provide additional information.* * Will Muskingum be required to commit resources to the implementation of the project? Yes  No   *If yes, please elaborate: Click to provide additional information.* * Will Muskingum be expected to sustain grant-funded staff or activities after grant ends? Yes  No   *If yes, please elaborate: Click to provide additional information.* * Are modifications to Muskingum facilities required to implement or conduct the grant? Yes  No   *If yes, please elaborate: Click to provide additional information.* * Are Facilities & Administrative (F&A) Costs (indirect costs) allowed? Yes  No  Unknown * Will this project involve human subjects research? Yes  No  Unknown * Will this project involve animal subjects research? Yes  No  Unknown | | | |
| **10. Grants Services Support Requests** *Please indicate the level of support needed from the Muskingum Grants Office if approved by GMT to proceed (select all that apply):*  Preliminary planning assistance and funding research  Writing specific sections of the proposal  General proposal proofing and editing  Start to finish development and submission  Budget development | | | |

**Project Summary**

1. **What is the primary focus of the project?**

Click or tap here to enter text.

1. **Describe the specific need(s) for your proposed project. What population will it serve, or problem will it solve?**

Click or tap here to enter text.

1. **What are the anticipated measurable objectives or outcomes you plan to achieve?**

Click or tap here to enter text.

1. **What activities or strategies will be delivered to achieve the desired outcomes?**

Click or tap here to enter text.

1. **Who are the internal and external partners needed to implement this project?**

Click or tap here to enter text.

1. **How will you evaluate the effectiveness of the project?**

Click or tap here to enter text.

**Approval/Review Signatures**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Project Director / Principal Investigator |  | Date |
|  |  |  |
| Department Chair *(if applicable)* |  | Date |
|  |  |  |
| Division Chair *(if applicable)* |  | Date |
|  |  |  |
| Vice President for Division |  | Date |
|  |  |  |
| Muskingum Grants Office |  | Date |
|  |  |  |
| GMT Decision: Approved ☐ Not Approved ☐ |  | Date |
|  |  |  |
| GMT Representative |  | Date |

*December 2019*