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****) 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*