



## REQUEST TO APPLY FOR A GRANT

### 1. Principal Investigator/Project Director

Name:

Department/School:

Telephone:

Email:


\*In making this application, the **PI/PD** commits to obtaining all required approvals and accepts full responsibility for ensuring grant activity and reporting meet all grant requirements.

### 2. Project Title

--

### 3. Application Information

Funding Agency/Foundation:

Amount Requested:

Length of Funding:


### 4. Required Dates (Enter dates based on date due to agency)

- Completed Pre-Approval (at least 5 weeks prior to submission date) \_\_\_\_\_
- Budget Approval (at least 4 weeks prior to submission date) \_\_\_\_\_
- IRB Approval (if necessary, at least 3 weeks prior to submission date) \_\_\_\_\_
- Internal Routing Approval (at least 10 days prior to submission date) \_\_\_\_\_
- President's Signature (at least 1 week prior to submission date) \_\_\_\_\_
- Submission Date to Agency (1 week prior to due date) \_\_\_\_\_
- Date Due to Agency: \_\_\_\_\_



## REQUEST TO APPLY FOR A GRANT

**5. Project Summary:** Include a short description of the project, including purpose and anticipated outcomes.

---

---

---

---

### 6. Special Resources

a. Will this project need statistical information from the Office of Institutional Effectiveness?  
 **YES**       **NO** If yes, please explain.

---

b. Indicate if any of the following resources are needed to support the grant:

<input type="checkbox"/>	Collaborative Agreement	<input type="checkbox"/>	Intellectual Property	<input type="checkbox"/>	MOA
<input type="checkbox"/>	Computer Services	<input type="checkbox"/>	Library Services	<input type="checkbox"/>	Space
<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Matching Funds	<input type="checkbox"/>	Sub-Contracts
<input type="checkbox"/>	Faculty Release Time	<input type="checkbox"/>	New Personnel	<input type="checkbox"/>	Utilities
<input type="checkbox"/>	Other				

c. Briefly describe "other" and, if applicable, any match required.

---

### 7. Special Approvals – Please check the appropriate box.

<input type="checkbox"/>	IRB
<input type="checkbox"/>	Other (Specify) _____

### 8. Signatures

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

I certify that I have read, understood, and will comply with grant requirements of the funding agency and Tusculum University's policies and procedures for grants and sponsored programs. I



## REQUEST TO APPLY FOR A GRANT

understand any proposal not in compliance with the funding agency and university policies and procedures may be subject to forfeiture. Proposals submitted without proper university authorization will not be signed after the fact, even if funding is awarded later.

\_\_\_\_\_  
Dean/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
VPIA

\_\_\_\_\_  
Date

Upon completion, please submit this form to Robin Crabtree, Grants and Foundations Manager, Office of Institutional Advancement at [rcrabtree@tusculum.edu](mailto:rcrabtree@tusculum.edu)

Office Use Only – Institutional Advancement Signature:
--

Cc: PI, Supervisor, CFO, Provost
----------------------------------