

ANDERSON UNIVERSITY GRANT PROPOSAL APPROVAL FORM

Today's Date

			fice and complete this form. The grant application
т			t having this form approved.
1	0 0 11	_	antee, please include this approved form with your ment Office for final signatures.
1.		.,	Phone:
2.	Name of Grant:		
3.	Grant Amount:	_	
4.	Proposed dates for project: Grant d Start End		
5.	Funding Source:		
6.	Amount to be requested from fundin Preliminary Estimate		
	Final Amount	\$	(complete when proposal is finished)
7.	Describe reporting requirements: _		
8.	Is matching required?	No	
	Total % match required:	%	
	Cash match required:	%	
	In-kind match required:		
	Other matching requirem	ients:	
Sig	gnatures:		
President, Vice President or Dean			Date
Business Office			Date
Development Office			Date

***Be sure to let the Dean/Vice President and the Grants & Research Officer in the Development Office know the outcome of your request when you receive official confirmation from the funding source.