## **Funding Sources Request Form**

Project Director:	Date:
Department:	Ext:
Co-PDs: (if applicable)	
Are you looking for funding from: (a all that apply) Priv	vate Foundation Corporation Federal/State/Local
□Un	nsure
Is this Proposal for funding that is:	ew Continuation Other
Steps to take:	
<ul> <li>Advancement, Stephanie Frost, BLM 228</li> <li>If Government/State/Local request, forward</li> <li>If interested in funding from all three areas,</li> </ul>	hair or Manager.  Yes No Yes No Grequest, forward the form to the Vice President for d to the Director of Govt Grants, Susan LaFrance – CNS 300 s, forward a copy to both Stephanie and Susan.  pursue below. The information you provide enables Development to
	ocess is complete, you will be kept informed about the grant status.
Title of the Project (if known): Project Description (Use additional space if necessary.	Attach completed concept papers if available.)
Do you have a funding source identified? Yes	□No if yes, Funders Name:
	Website:
	nave an interest in supporting this project?: Yes No If yes,
what is the person's name:	_Have you discussed this project with this person?   Yes  No
Are funds being sought as a matching requirement of a	federal grant? (NSF, NEH, Private Foundation) [] Yes [] No
What outcomes do you want to achieve?	
How is this project aligned with the institution's mission	on statement? Please briefly explain.
What is needed for the project? (e.g. personnel, equipme	nent, etc.)
Is equipment required in the proposal that is already ava	ailable for use on campus?   Yes   No   Unk
Equipment Description (other than computer related if r	required)

Will any special facilities or physical renovations be required for the project?  If yes, please describe:	_	Yes	No
Will any additional computer services or hardware be required for the project?  If yes, please describe:		Yes	No
Will additional personnel be required?		Yes	No
What portions of this project will require support after the project funding period is		)	
Does the project involve the use of human subjects? If yes, date submitted to or app by human subject committee.	oroved [	Yes	No
Does the project involve the use of laboratory animals?  If yes, species		Yes	No
Date submitted to or approved by Animal Welfare Committee:			
Does the project involve the use of radioactive materials?  Date submitted to or approved by the University		Yes	No
Does the project involve the use of controlled substances? If yes, date submitted to by the University.	or approve	d   Yes	No
Does the project involve Recombinant DNA research?		] Yes	No
Does the proposed project contain potential patentable ideas?	[	Yes	No
Does the proposed sponsor impose restrictions on freedom to publish research result explain.	• •	] Yes	No
Will subcontractors be used?	[	Yes	No
The University asks you to consider whether or not this project involves any unusua		] Yes	No
If yes, explain.			

## **Estimated Budget**

		If K	nown
	Funding Source	University Matching	Third Party Donations
Salaries/Stipends	\$		
(Professional Staff)			
Salaries (Support Staff)			
Fringe Benefits	\$		
Travel	\$		
Housing	\$		
Construction	\$		
Computing	\$		
Equipment/Supplies	\$		
Conferences	\$		
Other	\$		
Total Project Budget	\$		
University Support			
Fundraising Required			
Availabilit  Indirect Co	osts – Is calculated as on-campus	<ul> <li>Rental Space /</li> <li>Travel costs.</li> <li>Faculty Replace</li> <li>Course Release</li> </ul>	ement Costs.
Availabilir Indirect Coor off-cam Insurance	ummer Housing Costs and Space ty. osts – Is calculated as on-campus npus. Benefits – urance/Retirement	• Travel costs.	ement Costs. e Needed. c Costs. rt
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