

## Grant Prospectus Approval Form

\_\_\_\_\_  
Unit Originating Proposal \_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty/Staff Originating Proposal \_\_\_\_\_  
Granting Agency

\_\_\_\_\_  
Name of Agency Program (if applicable) Attach Guidelines \_\_\_\_\_  
Submission Deadline (Date)  
No Yes  
Approval will be sought from: Human Subject Committee \_\_\_\_\_  
Animal Subject Committee \_\_\_\_\_

Type of Grant:  
\_\_\_\_\_ Instructional Improvement    \_\_\_\_\_ Research    Starting Date: \_\_\_\_\_  
\_\_\_\_\_ Matching Funds Required    \_\_\_\_\_ Other    Ending Date: \_\_\_\_\_  
\_\_\_\_\_ Non-matching Grant

\_\_\_\_\_  
Approx. amount to be requested \_\_\_\_\_  
Amount of matching funds required  
(percent or dollar amount)  
Summary of Project: (1) major acquisitions or costs from grant, i.e., equipment, personnel, etc., (2) the basic significance of the proposal, (3) population to be served.

Name(s) and/or Position(s) of faculty or staff to be written into project:

\_\_\_\_\_  
Signature of Faculty/Staff

\_\_\_\_\_ I approve this concept.    \_\_\_\_\_ I do not approve this concept for the following reasons (attach brief memo)

\_\_\_\_\_  
Unit Head

**Copies to:**  
**Unit Head**  
**Faculty/Staff Originating Proposal**

\_\_\_\_\_  
Vice Chancellor/Executive Council Member

\_\_\_\_\_  
Chancellor

# UAM

## Grant Proposal/Internal Review Form

1. Project Title:
2. Granting Agency Name and Address:
3. Proposal Abstract:

**4. Date Proposal Due:**

5. Prin Investigator      Title: \_\_\_\_\_ School/Division: \_\_\_\_\_  
    Phone: \_\_\_\_\_ Email: \_\_\_\_\_

6. Co-P I:                      Title: \_\_\_\_\_ School/Division: \_\_\_\_\_  
    Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7. Proposed Budget:	Year 1		Year 2		Year 3		Total
	Grant Funds	UAM In Kind/Cash	Grant Funds	UAM In-Kind/Cash	Grant Funds	UAM In-Kind/Cash	
Salaries and wages							\$0.00
Fringe Benefits							\$ -
Equipment							-
Supplies							-
Travel							-
Other Costs/CONTRACT							-
<b>Total Direct Costs</b>		\$ -		\$ -		\$ -	\$ -
Indirect Cost Recovery							-
Other Cost Share							

**8. Space and Equipment Needs**

If yes, attach explanation.

Will space be required for office, equipment, etc?      YES      NO

Will space alterations be required for office, equipment, etc?      YES      NO

**9. Academic/Administrative Program Changes**

If yes, attach explanation.

Will this project involve the development of a new academic major, degree, or other?      YES      NO

**10. Will UAM have a continuing obligation after the grant expires?**

If yes, attach explanation.

YES      NO

11. Compliance Review:      Human            Animal            Other (Explain)

12. APPROVALS:		DATE
Principal Investigator(s)		
Dean/ Chair		
Dir, Grants and Contracts		
Dir of Information Technology		
V C for Acad Affairs		
VC for Finance		
Chancellor		