|  |  |  |  |
| --- | --- | --- | --- |
| Funding Opportunity Name: | | | |
| Description of the Funding Opportunity: | | | |
| Grant Type:  State  Federal  Foundation  Private  Internal  Other: | | | |
| Funding Opportunity Award Range: | | Proposal Due Date to Funding Agency: | |
| Funding Opportunity Length of Award (Years): | | | |
| Grant Requirements:  Financial matching is required  In-kind matching is required  Matching is not required  There are no partnership requirements  There are partnership requirements with: | | | |
|  | | | |
| Working Title for Concept: | | | |
| Description of the Concept: | | | |
| Funding Request Amount: | | | |
| Plan for Expenditure of Grant Funds: | | | |
| Anticipated Outcome(s): | | | |
| Describe how the concept aligns with Program Review and/or the Educational Master Plan Goals/Initiatives:  If the concept does not align, please provide further justification: | | | |
| Concept Submitted By: |  | |  |
| *(Signature)* | | *(Date)* |
|  | |  |
| *(Please print name)* | | *(Contact Information)* |
| Concept Supported By: |  | |  |
| *(Signature)* | | *(Date)* |
|  | |  |
| *(Please print name of Dean/Director/Manager)* | | *(Contact Information)* |
| Vice President’s Approval: |  | |  |
| *(Signature)* | | *(Date)* |
|  | |  |
| *(Please print name of Vice President)* | | *(Contact Information)* |
| President’s Cabinet Response: | *□Cabinet approves the concept and supports the development of a full application/proposal.* | | |
| *□Cabinet does not approve the concept or support the development of a full app/proposal.* | | |
| *□Cabinet requests additional information before a decision can be made. (See below)* | | |
| President’s Cabinet Questions and Comments: |  | | |