



A Great Place To **Start**™

GRANT SUBMISSION APPROVAL FORM

PROJECT INFORMATION	
Project title:	
Grant funding source:	
Submission deadline:	
Institution project leader and team/department:	
Total grant amount to be requested:	
Are matching funds required from Bishop?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide percentage or amount:
Grant performance period:	
Is this for continuation of an existing project?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Project partner(s):	
List Sub-Award(s) and/or Consortium:	
Provide a summary of the project:	

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List the project goal(s) and objective(s):	
Describe project beneficiaries and the number to be served:	
Describe evaluation plans and involvement of Institutional Research and Planning:	
Describe involvement of Human Resources (if new positions are being created): Specifically, what percentage of salary and benefits would come from this project, if funded?	
How will the project be sustained after the grant period has expired?	
Describe the institutions obligation to commit to cost sharing (e.g., services of an employee or volunteer, cash, donations of property, supplies, equipment).	
Describe the institutions obligation to commit to in-kind support (e.g., non-cash contribution of the fair market value of goods or services such as supplies, transportation, and services).	

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PROPOSED BUDGET					
List grant line items below or attach an itemized grant budget.					
Item	Total Cost	Amount Supported by Grant Funds	Amount Supported by Bishop Cost Sharing		
			Direct Cost Sharing*	Indirect Cost Sharing*	In-Kind Contributions
TOTALS					

APPROVALS (Please follow the order of approval)		
Title	Signature	Date
1) Project Lead/ Principle		
2) Department Chair		
3) Division Dean		
4) Business Office		
5) Grant Administrator		
6) President		