

Grant Proposal Pre-Submission Form

Harris-Stowe State University
Office of Sponsored Programs

MUST BE COMPLETED AND ATTACHED TO ALL GRANT PROPOSALS

FACULTY/STAFF MEMBER INFORMATION

NAME:	EMAIL ADDRESS:
DEPARTMENT:	OFFICE TELEPHONE:

GRANTING AGENCY INFORMATION

NAME:	
MAILING ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:

PROJECT INFORMATION

PROGRAM NAME:	
AGENCY DUE DATE:	PROPOSED START DATE:
LENGTH OF PROJECT IN YEARS:	AMOUNT REQUESTED:

Copy of grant announcement enclosed?* YES _____ NO _____

*This announcement should be discussed with the OSP when you decide that you would like to pursue the grant so that you can determine if this is an agreement that the university would be willing to enter into.

Are HSSU matching funds (cash or in-kind) required?* YES _____ NO _____

*Any HSSU commitment of matching funds requires the approval of the Vice President for Business and Financial Affairs prior to submission . The OSP will obtain this signature if needed.

Are indirect costs allowed? YES _____ NO _____

Is additional space required to perform this work?* YES _____ NO _____

Any project that involves the utilization of space not currently under the faculty member's purview, requires the approval of the appropriate vice-president – please allow additional time for this approval.

Space Justification (description of type and amount required):

I understand that the approval of this document is non-binding and does not commit the grants administrator or the University to submit the grant application, or accept the award of any previously submitted proposals.

Signature of Faculty/Staff member submitting proposal

Date

APPROVALS

Director of Sponsored Programs

Date

Chief Academic Officer

Date

Vice President Business and Financial Affairs

Date

President

Date