



**Request to Pursue Grant Funding**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Department: \_\_\_\_\_

Brief Description of Proposed Project:

Briefly explain any broader departmental or institutional implications and benefits and alignment with the college's goals:

Proposed Funding Source(s): \_\_\_\_\_

Amount of Funding Sought: \_\_\_\_\_ Institutional Match Required?: \_\_\_\_\_

Submission Deadline: \_\_\_\_\_

Projected Start Date: \_\_\_\_\_ Duration: \_\_\_\_\_

Personnel Involved: \_\_\_\_\_

Release Time Requested: \_\_\_\_\_

Student Involvement (summer/academic year): \_\_\_\_\_

\_\_\_\_\_



IRB approval necessary: \_\_\_\_\_ IACUC approval necessary: \_\_\_\_\_

Institutional Expenses (Please indicate details of what college resources will be utilized)

Facilities utilized: \_\_\_\_\_

Technology utilized: \_\_\_\_\_

Department budget/resources utilized: \_\_\_\_\_

College staff utilized: \_\_\_\_\_

Other College resources utilized: \_\_\_\_\_

Impact on Teaching and Research: \_\_\_\_\_

\_\_\_\_\_

Principal Investigator/Project Director

Signature \_\_\_\_\_

Date \_\_\_\_\_

Department Head approval:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Academic Affairs approval:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit completed form to:

Julia Andrews

Grants and Compliance Manager

Russell Science Center 404

[jandrews@cornellcollege.edu](mailto:jandrews@cornellcollege.edu)

(319)895-4575