Cornell College

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:
Nicole Bauer
Purchasing & Grants Manager
grants@cornellcollege.edu