



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:

Mary Anne Teague
Grants & Compliance Manager
West 318
mteague@cornellcollege.edu
(319)895-4575