



CHRISTIAN BROTHERS UNIVERSITY GRANT PROPOSAL WORKSHEET

PLEASE TYPE THIS FORM

PROJECT INFORMATION

Program Title:

Project Coordinator/Principal Investigator:

Co-Principal Investigator(s):

Academic Department(s):

Partner Organizations/Institution(s) (if applicable):

Proposed Project Dates:

Project abstract:

What is the value of the project to the campus or community? What need(s) does it address, or what enhancement(s) does it facilitate? Can you provide evidence to document the need or support the rationale for the enhancements?

What are the proposed project activities? How will responsibility for these activities be divided among Co-PIs and/or partner organizations?

An outcome is defined as a change in your project's target audience. What are the project's primary outcomes? How will you demonstrate quantitatively that you have achieved them? Do you have, or will you collect, baseline data that will allow you to show progress toward these outcomes?

Most grants cannot be renewed indefinitely. If this is an ongoing project, how will it be funded after the grant ends?

Who will be responsible for administering the grant and for meeting any reporting requirements to the funding source?

What are the estimated expenses necessary for the project?		What revenues will the project produce (e.g., participant fees, end product sales, enrollment increases, etc.)?	
Salaries:	\$		\$
Benefits*:	\$		\$
Student Stipends/Support:	\$		\$
Equipment & Supplies:	\$		\$
Travel and Training:	\$		\$
Other:	\$		\$
Indirect Costs/F&A**:	\$		\$
Total:	\$		\$

* Benefits should be calculated at 25% of salary for full-time employees and 7.65% of salary for part-time employees.

**An acceptable percentage for Indirect Costs (sometimes called Facilities and Administrative Costs, or F&A) may be dictated by the funding source. If no percentage is indicated, CBU's standard rate is 15% of the project total.

Please attach a proposed budget if possible.

FUNDING SOURCE INFORMATION

Prospective Funder Name:

Name of Grant Program (if applicable):

Letter of inquiry deadline (if applicable):

Full proposal deadline:

Stated funding priorities:

URL for full guidelines:

Expected request amount:

Are matching funds required? If so, in what proportion? How will the matching funds be obtained?

Which of the estimated project expenses will be included in this funding request?

Which of the estimated project expenses will you be asking CBU to provide? Will CBU need to provide other resources not included in the project budget (classroom space, use of dining hall, security, etc.)?

Please check:

I believe the proposed project complies with the University's mission, strategic initiatives, policies, and guidelines.

I have read the funder's full application guidelines and believe that my project is both eligible and competitive.

I am not aware of any conflicts of interest that may be created by pursuing this project.

I am willing and able to draft the grant application, carry out the project, and follow up as required. While the Advancement Office will serve as a resource, I understand that I am ultimately responsible for the application and project.

PRINCIPAL INVESTIGATOR DATE

CO-PRINCIPAL INVESTIGATOR (IF APPLICABLE) DATE

CO-PRINCIPAL INVESTIGATOR (IF APPLICABLE) DATE

Approval:

DEPARTMENT CHAIR DATE

DEAN DATE

*Once this form is completed and signed, please deliver via campus mail to Bob Arnold, Box 104
or email a scanned copy to rarnold@cbu.edu.*

For Grants Office Use:

SENIOR DIRECTOR OF GRANTS & FOUNDATIONS DATE

DIRECTOR OF INSTITUTIONAL RESEARCH AND EFFECTIVENESS (for Federal grant proposals only) DATE

VICE PRESIDENT DATE

CHIEF FINANCIAL OFFICER (if required) DATE

PRESIDENT (if required) DATE