Grant Request Form

Request Date:

Grant Due Date:

Faculty/Staff Name:

Department Name:

Supervisor Name:

Grant Agency Name:

Partnership Grant: Yes   No   If Yes, Partner Name:

Grant Amount COA will request:

Match Required: Yes   No   If Yes, indicate type: Cash   In Kind

Grant requires expenditures first that are later reimbursed: Yes   No

Requires a Nonprofit 501 (c)(3):   Yes   No

Attach all of the following as applicable:

Grant Announcement

Copy of Grant Application-blank is acceptable

Outlines, Plans, Rough Drafts, and other appropriate materials

12/14/2023