

This form is required for all proposals submitted on behalf of Mountwest Community & Technical College and must be submitted and approved prior to the preparation of a grant proposal.

Contact Information		Principal Investigator	Co-Investigator
	Applicant Name:		
	Title:		
	Division/Department:		
	Campus Phone:		
	Mountwest Email:		

Grantor Information	Funding Agency:		
	Agency Program Title:		
	Funding Opportunity #:		
	Deadline Information:	<input type="checkbox"/> Electronic Submission Date: ___/___/___ Time: ___:___	<input type="checkbox"/> Hardcopy Submission Date: ___/___/___ Time: ___:___
		<input type="checkbox"/> Postmarked	<input type="checkbox"/> Received
	Status:	Source:	Purpose:
	<input type="checkbox"/> New <input type="checkbox"/> Continuation Award No. _____	<input type="checkbox"/> Federal <input type="checkbox"/> State/local <input type="checkbox"/> Private	<input type="checkbox"/> Institutional <input type="checkbox"/> Instruction <input type="checkbox"/> Student Services <input type="checkbox"/> Other
Have you reviewed the application package and funding guidelines?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please identify why you believe this grantor is best-suited to fund your project.			

Project Information	Project Title:	
	Duration of Project:	
	Project Description:	

Budget Information	Amount of Request (estimate):			
	Total Project Cost (estimate):			
	Are matching funds required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how much:
	ESTIMATED PROJECT BUDGET			
		Funding Agency	College In-Kind	College Cash
	Personnel			
	Employee Benefits			
	Travel			
	Supplies			
	Equipment			
Other				
Total Direct Costs				
Facilities/Administrative Costs				
TOTAL REQUESTED				

SIGNATURE & APPROVAL

By submitting this request, I affirm that the facts set forth are true and complete to the best of my knowledge. I understand that any false statements, omissions or other misrepresentations made on this form may result in the denial of my request to submit. I am familiar with the institution's Administrative Procedure on Grants and will adhere to its guidelines during all phases of this project.

After completion, please sign and submit to the Director of Development.

Applicant Name (please print):	
Signature:	
Date:	

Division Dean (please print):	
Signature:	
Date:	

VP of Academic Affairs (please print):	
Signature:	
Date:	

OFFICE OF DEVELOPMENT USE ONLY	
<i>Date Received:</i>	<i>Proposal No.:</i>
<input type="checkbox"/> <i>Request Approved</i>	<input type="checkbox"/> <i>Request Denied</i>
<i>Comments/Reason for denial:</i>	
<i>Director of Development Signature:</i>	<i>Date:</i>