

SIMPSON COLLEGE
Grant Approval Form
February, 2017

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| Grant Seeker Name/Title: | Phone: |
| Department: | Email: |
| Project Name: | |
| Summary: Grant justification—highlight your objectives. | |
| Goals: Who will the project serve? What do you hope to achieve? | |
| Estimated Total Cost: \$ | External Funding Needed: \$ |
| Timeline: When will the project start? End? | |
| Internal Impact: Does this project require any resources from Simpson? If yes, what kind/what amount? | |
| Priorities: How does this project fit your department and/or Simpson's mission and current strategic priorities? | |
| Funding Prospects: Have you previously applied for funding for this project? Have you identified potential funding sources? Who/for what amount? | |
| Include the name of the individual(s) who will monitor the grant funds, if awarded. (This will be the division head best positioned to provide disciplinary expertise. If the division head is the PI, or if there is a potential conflict of interest, another person will be designated. In the case of an interdisciplinary grant, all applicable academic division heads will serve.) | |
| Director/Dept. Chair: Academic Dean: | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"><u>APPROVAL SIGNATURE</u></div> <div style="width: 35%;"><u>DATE</u></div> </div> |

Return to Foundation and Government Support office: Hillman 29A
Or email to: Michelle Johnson, michelle.johnson@simpson.edu
If questions, call ext. 1871